

# GUIDING THE NORMAL CHILD

*A Guide for Parents, Teachers, Students, and Others*

BY

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WITH A FOREWORD BY

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## FOREWORD

**T**HERE is a characteristic which is common to both children and adults—the tendency to leave the best or most important things to the end. Perhaps there are some adults who are so well-adjusted that they are able to ignore the temptation to do the easy task before the more difficult. These rather inhuman people are, I suspect, in the minority. Certainly the most important and most difficult part of the study of child development has been left till the end. Children grow and develop in three ways—physically, intellectually and emotionally, that is, in character and personality. Physical growth has been studied and measured since the early days of medicine, for the obvious reason that there had to be an exact standard for the determination of under-development, malnutrition and the like. The pathological can only be determined if the physiological norm is known. Similarly, since the introduction of intelligence tests it has been possible to measure the growth of mental ability, to the great benefit of education. But in the case of the growth of character and personality—surely the most important of the three modes of development—we have had no standard of measurement. The study of this aspect of child life has, like Cinderella, been neglected; not, I suggest, because it languished as an unknown problem, but because the two other modes, like the ugly sisters, being more in evidence, were more easily studied. Like Cinderella again, emotional development presents the most attractive and subtle problem and promises the greatest rewards. Its study, however, was neglected until



necessity compelled attention — necessity which arose when psychiatrists, psychologists and social workers began to treat difficult and problem children. In the early days of Child Guidance Clinics, when knowledge of these conditions was meagre, confusion existed about what behaviour could legitimately be regarded as abnormal and even as to which children could be regarded as "problem" children. Reading the early literature or case histories one can detect the unwarrantable but innocent pleasure which was taken in "adjusting" emotions which would now be regarded as perfectly normal expressions of emotional development. Thus the need for knowledge became apparent and, in the last decade, an enormous amount of work has been done and a certain amount of reliable information has been gained.

I have no wish to give the impression that interest in the development of personality was ignored before Child Guidance was practised, for this was far from being the case. Rather it has been the source of much speculation and eager investigation by philosophers, psychologists, churchmen and educationists. But the sum total of our knowledge is small. Further, that knowledge is apt to be a strange mixture of personal experience, memories and prejudice—confused by superstition, folklore and profitless moralising. Nor is this surprising because it is difficult to observe behaviour impersonally; and it is even more difficult to think clearly about it. Patient observation and enlightened education are necessary before we can do more than sketch in the broad outlines of emotional development. For here we are dealing with something subtle, capricious and ephemeral, where there are no exact methods of measurement and comparison, and where the individual differences are enormous. Nor are we able to separate a child from his environment the

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better to study him, or even to set up a stable milieu to estimate its effect on a group of children. Indeed, the more we study this mode of development the more we realise that the child and his environment are so closely interrelated that they cannot be considered apart. This has added enormously to the field of investigation and has dispelled any hope that as exact a tabulation of norms can be made as in the physical and intellectual spheres.

None the less, progress has been made, and we are justified in assuming that, as time goes on, we shall be able to describe the complicated progress of personality development and, further, what influences in the environment encourage the formation of a normal and stable personality. Too often, however, such information as experts consider dependable is reported in professional journals or books which teachers, doctors, students and parents would regard as obscure or inaccessible. So when Dr. Bowley outlined the purpose and scope of this work to me I welcomed the prospect of having a book which would give a concise account of what is known about this subject, well-documented for those who wish to make an extensive study, but which could be read and understood by all who are concerned with the satisfactory growth and development of the child. It was only right that such a book should be written by one who is an academic psychologist of good standing, who has had experience in general and nursery school training, who is a lecturer in a teachers' training college, and who has organised and directed the very successful Dundee Child Guidance Clinic. I, for my part, could think of no one better fitted to undertake this important task.

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## PREFACE

I THINK it is true to say that a book is seldom written by one person alone. Perhaps all writers are influenced in three ways—by the books they read, by the people with whom they converse, and by their own experience. For myself all three—books, people, and personal experience—have had their influence, and I have gained in knowledge and clarity of thought from them all.

I am much indebted to Dr. D. R. MacCalman, who has so patiently read each chapter of the book as it was written, and who has provided me with much encouragement and constructive criticism. My thanks are due also to Dr. Margaret Macfarlane for helpful criticism in the early stages of the book, and to Miss Catharine Hollingworth for assistance with the chapter on Speech Defects. Indirectly I owe a great deal to Dr. Susan Isaacs and to Dr. W. R. D. Fairbairn, whose work and writings and personal example have served as an inspiration to a younger, less experienced but most appreciative psychologist.

Much of the material for this book was obtained while I was teaching at Byron House School in London, under Miss E. M. Terry. She has shown great interest in psychological observations and encouraged me to keep records of the children under my charge in the Nursery Class.

Acknowledgments are also due to Mr. T. Leslie Smith and to Miss Joan Cautherley for letting me include photographs of the boys and girls attending Grey Lodge Settlement camps and clubs; to the many parents who allowed

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me to include photographs of their children, and last but by no means least to the many children who provided me with the raw material and the rich experience of their development and their difficulties. Some of the case studies included were obtained from the Dundee Child Guidance Clinic, but all the names used are fictitious and the studies are used only to provide scientific evidence in support of certain psychological theories.

Finally I wish to express my thanks to Miss Edith Webster for assistance with proof corrections.

A. H. BOWLEY.

1942.

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## INTRODUCTION

THE purpose of this book is to give a brief account of the normal growth and development of children from babyhood to adolescence, to indicate when and how difficulties occur, and to show how they can best be handled. It is written primarily for the student who is training to be a teacher, but it is also suitable for parents.

Both parents and teachers need to recognise that growing-up is not without growing pains, and that childhood is not altogether a golden age. It is important that they do not blame themselves unduly, nor become too impatient with the child when he presents difficulties—when at two years he has tantrums, at three he is troublesome about food, at seven he is a little defiant and unruly, or if at fourteen he is moody and reticent. A little psychological knowledge will help them to understand and deal with these difficulties more wisely.

During college years a student has a great deal to learn not only about the children she will have to teach, and the subjects she will have to teach them, but also about herself, and her own personal problems. There are times when students are inspired with zeal for their future profession and imbued with noble ideals, but there are other times when they feel rather overcome by a sense of inadequacy. Some become rather easily discouraged by discipline problems, or by the weight of the curriculum they have to carry. Valentine's<sup>1</sup> and

<sup>1</sup> Valentine, C. W., "An Enquiry as to the Choice of the Teaching Profession by University Students," *Brit. Journ. Educ. Psych.*, Vol. IV, Pt. 3, Nov. 1934.

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Vernon's<sup>2</sup> researches have shown that too many men and women choose to follow the teaching profession because it offers a secure position, an adequate salary and a pension, or simply because they can think of nothing better to do. Too few take up the profession because they are genuinely interested in teaching or in children. To be a successful teacher one needs to have the welfare of children very much at heart, and to have real enthusiasm for the teaching profession in general. If a more careful selection was made of those students applying for admission to the Training Colleges, some of the failures, disappointments and breakdowns would be avoided.

It is important for the woman teacher, perhaps more than for any other woman "in business," to take as much thought for her mental as for her physical health. It is unfortunate that many people have drawn such a grim picture of the unmarried woman teacher—a didactic, overbearing, busy and usually weary individual who seems to have lost her capacity to enjoy life, and has forgotten what it feels like to be young and rather ignorant. It is time that we built up a new conception of the teacher. She should be enthusiastic about her work; but she will not be this if she has too many children to teach, or too long hours to keep. She should be alert and active-minded; but she will be this only if she is allowed some scope in arranging her own time-table and in using educational methods which appeal to her. She needs to plan her leisure wisely. She needs interests which are not all connected with school work. She needs a home that she can call her own. She needs friends who know how to be frivolous.

Many students, while at college, become very inter-

<sup>2</sup> Vernon, P. E., "Educational Abilities of Training College Students," *Brit. Journ. Educ. Psych.*, Vol. IX, Pt. 3, Nov. 1934.

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ested in children, and in their particular difficulties. But when they become teachers, perhaps because they have too many children to control, or because they worry too much about examination results, or because they do not keep up outside interests, they tend to lose their enthusiasm. They either become stern disciplinarians, and seem to delight in their sense of power, or they grow embittered, bored and uninterested, and just carry on with minimum efficiency, or they are excessively motherly and sentimental and show partiality and injustice. This is unsatisfactory both for themselves and for the children. An inefficient or a dissatisfied teacher can do a great deal of harm to a child. Students should be made aware of the responsibilities of the teaching profession before they enter it, and they should not take it up if they are not prepared to shoulder these responsibilities.

It is important for students to learn about the emotional development of children as well as about their physical and intellectual development. Emotional development is concerned with the growth of the child's feelings, while physical development is concerned with the growth of his bodily processes, and intellectual development with the growth of his thinking processes. Social development—a child's capacity to make friends—is intimately bound up with his capacity to experience feelings, to express feelings, and yet in some measure to control feelings. A child's hopes and fears, his loves and hates, his delights and disappointments are of primary concern to his parents, and they should be of importance to his teacher. Both physical and intellectual development may be seriously handicapped if emotional development is not proceeding harmoniously.

It is important for the teacher to be able to recognise when all is not well with the child's mental health—



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the pale-faced little girl in the back row who always seems to be dreaming and never gets her sums right; the boy who is always the ringleader of trouble in the class; the child who takes such elaborate pains over handwriting, and who worries constantly about homework; children who always seek the limelight; children who are always sullen and who resent any kind of criticism; and children who continually seek the teacher's favour. In all such cases development is not proceeding harmoniously, and a good teacher will try to find the reason for the child's difficult or unusual behaviour. No child who behaves in such a way is really happy, and a child's happiness is far more important ultimately than the level of his scholastic achievements.

If we really want to understand children, we shall need to learn something about their homes and about the way in which they were brought up in babyhood. For when a child comes to school at five years much harm or good may have been done already, and a teacher can only build on the foundations that have been laid. However skilfully she may do this, the fabric may not remain long if the foundations are faulty. We need also to know something about constitutional factors — about physique, about temperament and about the strength of instinctive drives—all these influence development, and all these differ in type or degree in different children.

I want to begin this book with an account of babyhood and the beginnings of things. In the first chapter I will describe the milestones of development, and the general characteristics of intellectual, social and emotional growth during infancy; in subsequent chapters I will describe development during the pre-school period, during the middle years of childhood, and during adolescence. I will also give some account of the most com-

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mon difficulties that are likely to occur at each period, and the best methods of dealing with them. The bibliography at the end of each chapter will tempt the serious student to read more for himself, as a book of this nature can do no more than give a summary account.



## CHAPTER I

### INFANCY

**B**ABYHOOD and the beginning of things—this is indeed a fascinating subject. It is fraught with interest to parents and to all teachers who recognise the importance of the first years, and that John at five years is the result of Baby John and what experiences he may have encountered in the first five years.

During the first year a great measure of growth is achieved. In the first few weeks most of the baby's time is spent in sleeping. He seems to have very little awareness of the external world, and takes no active part in it except to gain nourishment. But by the end of twelve months he presents a different picture. He is struggling manfully to express himself vocally, and to achieve locomotion, and though very much dependent on the good services of the adults around him when in difficulties, he is eminently curious about the external world and extremely keen to explore it.

Some psychologists have made special studies of this period of growth. Gesell's<sup>1</sup> work at Yale is important, and a recent book of his entitled *Biographies of Child Development* is an interesting genetic study of both normal and unusual children from birth to adolescence. Washburn's<sup>2</sup> work at Yale is of importance also, and Gesell has gathered around him a number of other good

<sup>1</sup> Gesell, A., Amatruda, C. S., Castner, B. M., and Thompson, H., *Biographies of Child Development*. Hamish Hamilton Med. Books, 1939.

<sup>2</sup> Washburn, R. W., "A Study of the Smiling and Laughing of Infants in the First Year of Life," *Genetic Psychology, Monograph VI*, 1929.

research workers. Research has also been undertaken at Iowa, Minnesota, and in California. Many of the Infant Welfare clinics in America have research departments attached to them, and much valuable work is done; this is a practice which we might well emulate. Shirley's<sup>1</sup> work is of value, and also the studies undertaken by Nancy Bayley.<sup>2</sup> In Vienna Charlotte Bühler<sup>3</sup> and her team of research workers have made very extensive studies of infancy in its many aspects, and have studied babies in their home environment and in institutional environments. In England there have not been so many studies of infant development, but we owe to Isaacs<sup>4</sup> and Searl<sup>5</sup> a more intensive study of the emotional life of infancy than has been made by other psychologists. Most British psychologists tend to follow the Dynamic rather than the Behaviouristic school of psychology. Briefly this means that they consider inner drives or impulses to be the fundamental "vitamins" as it were of the child's behaviour, and though there may be much disagreement in regard to the form and type of instinctive and emotional expression, there is general agreement that a child is urged to express himself by means of inner forces, and that his environment only serves to control, to mold, or to redirect these forces. The Behaviorist school, which is still popular in America, aims at establishing a strictly scientific standard. Its followers confine themselves to describing and recording overt behaviour, and stress the importance of reflex movements and the way in which

<sup>1</sup> Shirley, M., *The First Two Years*, Vols. I, II and III. University of Minnesota Press, 1933.

<sup>2</sup> Bayley, N., *The California Infant Scale of Motor Development*. University of California Press, 1936.

<sup>3</sup> Bühler, C., *The First Years of Life*. J. Day, 1930.

<sup>4</sup> Isaacs, S., "Psychological Aspects of Child Development," *Year Book of Education*, Section II, 1935.

<sup>5</sup> Searl, M. N., "The Psychology of Screaming," *Int. Journ. of Psycho-analysis*, XIV, 1933.

all behaviour may be conditioned by them, instead of postulating any form of instinctive drive. This school of thought is regarded by most British psychologists as too narrow and too limited in its conception of human nature.

Hazlitt's book on *Infancy* gives a good summary of this aspect of development, and discusses the various schools of thought. The bibliography at the end of this chapter includes references to some of the research work undertaken on this subject.

Bühler differentiates three main types of motor behaviour in infancy—positive, negative, and spontaneous movements. Positive movements are at first mainly connected with feeding. The new-born baby is most concerned with feeding in his waking moments, and it is natural that positive movements should be first shown towards the mother or nurse who feeds him, and thence should extend to movements connected with looking, listening, and grasping. Only about 3 per cent. of the infant's total activities at birth consists of positive movements, but by the end of the first year they have extended to about 72 per cent., according to Bühler's estimate.

Negative movements are more evident at birth and are said to constitute about 7 per cent. of the infant's activity. These are shown as flight or shock responses to external stimuli such as powerful light or sound stimuli. At first the infant's powers of defence or adaptability are very limited. Gradually, as he becomes more accustomed to the external world, as he finds that it does not always bring him, like Jonathan Jo, "a wheelbarrow full of surprises," the negative movements tend to decrease.

Both these types of motor behaviour include a number of reflex movements, such as suckling, grasping, swallowing (positive movements), and blinking, coughing, sneez-

ing, knee jerking, etc. (negative movements). It is important to realise that the infant is born into the world with certain forms of behaviour perfectly prepared, or readily acquired a little later as needed. Such reflex action is essentially different from the action of acquired skill in that it is automatic, and requires no conscious attention. But it is important that mothers should recognise that it is by no means an easy task for a baby to learn to retain his urine, or to drink from a cup, or to do up his own coat buttons. These are not reflex actions, but have to be taught gradually as muscular skill develops.

The third type of motor behaviour characteristic of infancy—spontaneous movements—is said to represent only about 1 per cent. of the new-born infant's total activity, but these movements gradually increase, and are said to predominate after the first year. They at first appear purposeless, and are probably in response to internal stimuli, and consist of random movements of arms and legs. Later they take the form of all types of exploratory and investigatory movements of hands and legs and body, and from the point of view of the child's general development are very important, because it is by means of such activity that the child builds up a knowledge of his external environment. Bühler states, "Functional organ activity together with exploration are the corner stones for future creative activity."

**MOTOR CO-ORDINATION.**—The co-ordination of muscular movements develops when spontaneous movements develop, and their precision is one index of the child's developmental level. The following are the generally accepted norms for motor co-ordination in the first year:—

*At birth.*—Reflex grasp very marked. The infant can be

lifted as he closes his fingers round those of the adult.

*4 months.*—When presented with a small cube brick he can seldom make contact.

*6 months.*—He can make a primitive kind of squeeze; can clutch at a dangling ring with both hands as he lies on his back.

*7 months.*—He can make a clumsy grasp of the cube; can hold two cubes, one in each hand, for a moment.

*8 months.*—He grasps with the palm of his hand.

*9 months.*—He will try to put a block into a hole in a board.

*1 year.*—He can grasp with his fingers; can hold a cup to drink from.

*1 year+.*—He can oppose his thumb to his finger in grasping, and can pick up a pellet; he can build a tower of two bricks.

These norms were established by Gesell in his studies of many thousands of infants. It is noticeable that skill develops from the large bodily movements to the finer and more delicate movements. The large muscles develop earlier than the small muscles. Also flexor or bending movements are easier than extensor or stretching movements, as the former approximate more closely to the pre-natal position in the uterus, when the knees are bent up and the arms are flexed on the chest.

Five months marks an important stage of development. During the first four months the baby explores objects at first by his hands and then by his mouth, while his eyes look and watch more and more eagerly. But what is seen does not seem to be connected with what is felt. Moreover at this early period the eyes do not always co-ordinate. Synthesis takes place at about five months. Eyes and hands co-ordinate; what is seen is recognised to be the same as what is felt; the eyes follow the hands, and the hands reach out for what is seen with greater precision; then the object is grasped and usually conveyed to the mouth. This perceptual-motor development coincides with a marked development in social



perception and recognition which will be referred to later

GROSS MOTOR DEVELOPMENT. — General development can also be judged to some extent by gross motor development. The following are the usually recognised milestones of such development:—

- 1 *month*.—Can lift his head now and then
- 2 *months*.—Waves his arms about when lying on his back
- 3.6 *months*.—Can hold his head steady.
- 5 *months*.—Sits with slight support.
- 6.2 *months*.—Can sit alone for thirty seconds
- 7 *months*.—Can roll from back to stomach
- 7.5 *months*.—Can sit alone steadily.
- 10.5 *months*.—Can pull himself to a standing position
- 13 *months*.—Can walk alone.

These norms are quoted mainly from the California Infant Scale of motor development standardised by Nancy Bayley.

It is important to stress that such norms must not be taken too literally. They need to be qualified according to the particular circumstances of the individual child's growth. If the child has suffered a number of illnesses in early infancy, his general physical development will be retarded. Very heavy children also tend to walk late. Children brought up in an institution tend to be handicapped in gross motor development as in most other aspects of development, because of insufficient opportunity, stimulation, space or materials to try out maturing abilities.

It is important to consider the practical applications of a knowledge of normal development. In general, children develop best if they are encouraged to make use of their maturing abilities at what is called the "crucial period," that is, when the function is just beginning to mature. A child needs adequate stimulation

from his environment. The best "play occupation" for the tiny baby is to lie supported in his pram shielded from too keen a wind and too strong a sun, but with opportunity to look and listen to all the exciting "events" of his immediate environment—the wind rustling the trees, the interplay of sun and shadow, the barking of dogs, the clucking of hens, the chatter of children, the bustle of people going to and fro—all these varied stimuli may impinge on the baby's newly awakening senses. A few toys are needed as he grows older—a rubber toy for the bath, a string of bright but fast-coloured beads, a bell, a few bricks or hollow boxes, a spoon, a powder tin with rounded ends, a cuddly toy and a large ball. The three guiding principles in the selection of toys for the first year should be (1) everything must be suitable for sucking, (2) toys should be small enough to hold but not small enough to swallow, and (3) they should be calculated to help the child to develop his maturing senses of touch, sight and hearing, and so his perception of distance, size, shape and sound.

One can best encourage a child to learn to walk by letting him kick freely in his bath, and by letting him pull himself up by the side of his cot or play-pen. He will be discouraged and learn slowly if floors or his shoes are too slippery and if he meets with many troubles. A toy may be put at the far end of the room and he can be encouraged to try to crawl or walk towards it. Sometimes reins or a little wheel chair will help him to gain confidence in his own muscles.

**LANGUAGE DEVELOPMENT.**—Language development is another important aspect of general development. Before detailing the usually accepted norms I should like to sound a note of warning. Language development,

especially during the first few years, shows great individual variations. Speech development depends not only on the child's general health and intelligence, but also on his environment, on the speech pattern to which he is accustomed, and on the amount of encouragement and stimulation that he receives. Children differ in their language ability to a considerable degree. Those from poor homes, where clear speech may not be used to the same extent as in more fortunate homes, and those children brought up in an orphanage, for instance, are usually late in starting to talk and their vocabulary grows slowly. A number of investigators report very great variations in speech development dependent as much on environment as on mental ability. It is, therefore, very necessary to accept any "norms" with great caution. Very intelligent children usually start to talk early and may even be talking before they can walk properly, but usually talking follows walking. Some children, on the other hand, start talking late but then use short sentences rather than single words almost immediately, and thence develop rapidly.

These are the usual stages in language development among normal children during the first two years:—

*Early months.*—Speech non-existent. Expression by cries of different types, indicating hunger, pain, anger, etc.

*5 months.*—Babbling and crowing and cooing very much in evidence. Most vowel and consonant sounds distinguishable.

*6 months.*—Syllables can be detected. "NO" understood. Sign language used.

*10 months.*—First word spoken.

*1 year.*—A vocabulary of about 2-3 words. Can imitate sounds and signs.

*1 year 6 months.*—A vocabulary of about 9 words. One word used to express the meaning of a whole sentence.

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*2 years.*—A vocabulary of about 200 words. Sentences increase in number and complexity.

The process of learning to talk coincides to a considerable extent with the process of learning to walk, that is in the first half of the second year. Speech does not begin to develop rapidly in the average child until walking has been established. After that, the child's vocabulary increases very quickly.

Research has shown that the first word uttered by the baby may be one that gives sensuous enjoyment rather than one that expresses an urgent need. It seems that the baby while vocalising to himself and listening to the sounds around him chances to utter a sound which pleases him and which chances to correspond to a real word. As he repeats this sound, savouring it, as it were, on his tongue, or blowing bubbles in his efforts to make it, he gains ready admiration and encouragement from the adults around him. They may also try to indicate its meaning to him in some way. From then on he may begin to imitate certain sounds and gradually connect them with objects. Vowel sounds are usually the earliest to appear, then the labials and "m" sounds. Gutturals follow soon, while liquid sounds (*l's*) and aspirates and "*t/h*" sounds are usually last.

Adults can help a small child in his early efforts at speech to a considerable extent. First, they should talk to him and sing to him a good deal, so that he can hear the rhythm of speech clearly, and enjoy trying to imitate. Secondly, they should always use a very clear speech pattern and avoid too much baby talk. Onomatopoeic words certainly have their use, and serve when the child cannot pronounce the conventional terms. It is, however, important to discontinue their use early, as this habitual distortion of words is unwise. Such words as puff-puff,

bow-wow, etc., and the child's own language terms for very familiar objects will eventually have to be unlearned. Also, when little children are spoken to in baby language they frequently resent it and feel they are being talked down to. Sometimes older children continue to use it because in the past they have been praised for it, as a form of showing off to gain an amused audience. On the other hand, some very modern parents insist on using a very difficult grown-up vocabulary for the tiny child. When he does begin to talk he struggles with long, rather unfamiliar words, instead of rejoicing in the nursery lingo of Georgie Porgie, Humpty Dumpty, Lucy Locket and See-Saw Margery Daw—delightfully incredible but linguistically satisfying expressions.

Before continuing this narrative by an account of social and emotional development, I want to give a detailed biography of a very intelligent small boy whose parents kept a diary during the first two years.

Born in a Nursing Home.

19 *days*.—Eyes followed light    Removed from Nursing Home.

6 *weeks*.—Smiled; observed staring at trees.

2 *months*.—Held rattle.

3 *months*.—Turned on side.

4 *months*.—Crawling movements noted; pulled mother's hair; made monosyllabic sounds.

5 *months*.—Transferred toy from one hand to the other; distinguished between parents and strangers, splashed in bath, shouted.

6 *months*.—Ki-ki, da-da, r-r, sounds made; turned over from back to chest; tore sheet.

7 *months*.—Ma-ma (when fretting); rolled over on side; first tooth, crept; showed expectance of feed and walk.

8 *months*.—Sat up in pram; blew a whistle; said na-na (negative meaning).

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9 *months*.—Energetic crawling; ti-ti added to repertoire; weaning commenced.

10 *months*.—Smiled at another baby, understood "no"; said ga-ga (dog), bi-wi (bus) (first words).

11 *months*.—Climbed part of stairs; understood "are you hungry?" "biscuit," "going for a walk?" "no."

12 *months*.—Weaning accomplished; 8 teeth; walked with support; climbed 10 steps without support; later climbed 22 steps without support.

1 *year* 2 *months*.—Stood without support; da-da, ta-ta-ta-, bu-(bird); took two steps alone; showed delight in company.

1 *year* 3 *months*.—Walked 10-12 yards alone; vocabulary—23 words by end of month.

1 *year* 4 *months*.—Showed interest in gramophone; vocabulary—27 words.

1 *year* 5 *months*.—Vocabulary—200 words; "Look—moon—sky" first sentence.

1 *year* 6 *months*.—Memory—at least for three months.

1 *year* 7 *months*.—Counted 2.

1 *year* 9 *months*.—Interest in colours shown—distinguished and named green, yellow, red, blue and grey; distinguished gramophone records by different marks on labels, showed interest in fitting things.

This outline appears to be a consistent account of the normal development of a child of superior intelligence. The boy perhaps received an unusual amount of stimulation and encouragement from his parents.

SOCIAL-EMOTIONAL DEVELOPMENT.—I want now to consider the social and emotional life of the infant. Most psychologists who have observed tiny babies, and all mothers, will agree that babies do not function as mere automata, that they make spontaneous movements as well as reflex movements, and that their *expression* of thought and feeling increases as their awareness of people and things in the world around them increases. In effect, babies think and feel and act at least from the

moment they are born, though their cognitive, affective and conative life is as yet very immature and to some extent latent. Later development can grow only out of earlier. A baby must sit before he can crawl, crawl before he can walk, and walk before he can run. He must reach before he can grasp, and he must handle things before he can build up accurate percepts and concepts of things in the external world. He is surely aware, or conscious, of everything within a certain narrow range during his waking hours in infancy. Out of this awareness develops the ability to distinguish, to compare, to recognise and to judge—in essence, to think. Again, from the very beginning of post-natal life, and probably to some extent before, he senses internal sensations—pain, pressure, hunger, heat, cold, and muscle development. The most intense sensations will at first be connected with the processes of feeding and eliminating. It seems natural to find that the first intense feelings are associated with these processes also.

For a fuller understanding of infancy we must turn to the writings and research of Gesell and Bühler, but more especially to Isaacs and Searl. These last two writers stress the overwhelming intensity of the infant's emotions and the rapidity of the change of emotion. The infant lacks stability and control in his affective life, and though his mental life is very active it lacks the organisation which we find later.

The two most marked emotions during infancy are affection and anger. *Affection* may first be shown by little patting, stroking, and handling movements made by the baby on his mother's body; later he watches the expression on his mother's face and begins to make little caressive movements towards it. These are the positive movements referred to earlier. While the baby is actually

suckling he is satisfying a very intense craving, and gaining a very great satisfaction from it. This action may be termed passionate, at least in its early stages, and a disturbance of the activity will usually produce a tempestuous reaction shown by screaming and even by kicking and punching. This is the first characteristic expression of *anger*, and usually the first occasion for it. The frustration of a desire, the deprivation of a satisfaction, thus produces an intense expression, and so presumably an intense feeling of anger and hate. This reaction is liable to occur in some form or other throughout babyhood, and in some cases throughout childhood. Anger, however, in infancy changes quickly to affection when the desire is satisfied.

I do not myself think we are reading too much into the situation if we state that the infant feels that the person who satisfies him is good and lovable. The good mother or nurse gradually becomes associated with everything that is satisfying, pleasurable, lovable and good. He almost wants to devour this person, to absorb her into himself. Most mothers will testify that babies sometimes bite the breast in a hungry or playful way. It is from this conception that the psycho-analytic term "oral" has risen, and certainly the mouth is the all-important organ at this period.

By taking from the good mother he feels he makes himself good and fills himself with good things. Babies suck their thumbs as a substitute for the breast, and endeavor to reproduce the pleasurable sensations of breast-feeding by this means. Suckling when proceeding harmoniously provides the infant with satisfaction, contentment, security and happiness. Bottle-feeding, if carefully handled, can be made to produce almost the same feelings. It is important to ensure that the baby has



sufficient food, and is not left with a feeling of hunger after a feed.

Now when for some reason breast-feeding is delayed, when satisfaction is withheld, postponed, or interrupted, anger will be the normal reaction. Anger implies a rush of aggressive or hate feelings towards someone or something. It does not seem far-fetched to assume that very soon the infant comes to regard the person who fails to satisfy him as bad, at least temporarily. He wants then to direct his aggression on to her by the only means he knows, by biting, scratching, or eating. (It is a common experience to hear Nursery School children talk of biting, chewing, killing or cutting up into little bits. This is simply a way of expressing anger originally felt and expressed in some way in babyhood.) A difficult situation then arises. The infant feels love and hate towards the same person. If to hate implies the wish to destroy or damage then he feels he may lose his loved parent by his own action. Moreover, he feels intensely guilty about his aggressive feelings and anxious lest they be met with retaliation and retribution. He feels very helpless and dependent on the good services of his mother, and so an intolerable situation arises. Quite acute anxiety symptoms may be noted in infancy well within the first year, especially if there has been an undue amount of deprivation or if numerous feeding difficulties have occurred. A baby may also feel anger towards his mother if she gives too little milk or if he is not helped to "get the wind up" after a feed and he suffers consequently from colic or distention. He may, too, experience the terrifying feeling that his mother's food is bad and may harm him. The countless phantasies of poisoning that little children express in their play, and that are so common in fairy-tale lore, must surely arise from these

early fears. These feelings in infancy are to a large extent unconscious and only dimly appreciated, and it is of course very difficult to gauge just what the infant really feels. Psycho-analytic studies have shown, however, that the patient during analysis relives these early emotional situations to some extent, and it is thus that we have gained more insight into the infant's emotional life.

To some extent the baby will experience feelings in connection with bodily sensations. He experiences colic, and all the sensations related to digestive and eliminating processes. Bowel movements, especially if there is any disturbance with their regular functioning, are liable to cause both pain and pleasure. Muscle tension and the retention and expulsion of faeces appear to cause the baby sensations of both pleasure and pain, at least by the time he is two months old. The experience of parents in regard to toilet training is evidence that a certain amount of emotion surrounds the whole subject, and that both urine and faeces have a certain emotional significance to the child and tend to be regarded as something precious to be given to his mother, or as something bad and destructive which may harm his mother. Any clinician who has had to treat cases of incontinence will agree that psychological factors are as important as physiological ones in causation and in treatment.

By nine months the baby's awareness of people has developed sufficiently for him to feel jealousy quite acutely and also to show defiance occasionally. He is vaguely aware that other people have claims on his mother, and he only very grudgingly shares her attention, feeling jealous to some extent of his father and of other interfering persons. But both defiance and jealousy are more marked at a later stage of emotional development.

*Social development* is intimately related to emotional

development from the very first. From the early intense emotional relations with the parents and later with brothers and sisters are born the first social relations—social development proceeds from the close family circle outwards. During the first five months the infant smiles rather seldom and rather indiscriminately. His behaviour can hardly be called sociable. After five months, with the growth of perceptual development, the baby shows more discrimination. The mother or nurse is singled out for attention, and unfamiliar adults do not receive the smile of favour. By six months some interest is shown in other babies and in slightly older children. Babies have been observed touching others, pushing and pulling at them, and even showing some anger towards them about this age. Normally, by eight months adult strangers are welcomed, by nine months the baby makes strenuous efforts to communicate not only by smiles, but also by babbling and cooing and chuckling, and by twelve months he will imitate grown-up actions, and inhibit actions when told.

Clearly the baby's first real social experience is within the family circle. His relationship to his parents in the first two years is all-important, and will inevitably colour his relationship to other people later. *It is essential that he experience real affection from them, and that he feel secure in their presence.* If he has been handled in a rough and ready way, if his parents are excitable, irritable people, if marital relations are not harmonious, or if his mother has been over-anxious, for instance, in feeding him, the best foundations for satisfactory social-emotional development have not been laid. In exceptional cases the baby may be best cared for by a placid nanny if the young mother feels really too unsure of herself, but usually with a little advice and care feeding her own baby will do

much to steady her, and will build up a happy relationship between the baby and herself.

Active social interest in other children is not very much in evidence until the second year, and even then the toddler prefers to watch other children and to play beside them rather than with them. He is usually happy to pursue his own occupations regardless of the other children around him.

So by his first birthday, if all has gone well, the baby has become a very busy little person indeed, intent on achieving great feats of balancing and of muscular control, and making great efforts to walk. At the same time, though his real vocabulary is very limited, he has plenty to say in his own babyish experimental language, and he enjoys playing with words as much as trying to communicate with people. But although he is striving towards independence and expression, his self-confidence can very easily be shaken, and he depends very closely on the adults in his world. He can very quickly feel lost, helpless, and insecure. For his future satisfactory development, he needs right through the second year a steady, dependable kind of background, and close contact with mother or nurse. He needs support on the one hand, and encouragement to go forward and grapple with the world on the other hand. In only this way can he grow to be really self-reliant.

Although this is by no means an exhaustive account of general development during the first year, it has perhaps been sufficient to draw attention to the high-lights of development. It will serve as a general outline, and the bibliography at the end of this chapter will assist the student to fill in the details for himself.

**DIFFICULTIES IN THE FIRST YEAR.**—No two babies, unless they are identical twins, are alike. Some have

snub and some have turned-up noses! Some have dark hair, some fair, some red, and some almost no hair at all! They differ according to physique—there are fat, sturdy, thin, angular, and weakly babies. They differ according to intelligence—some seem alert and active from the beginning, some are vaguely interested in what is going on around them, while others take little or no interest in anything save food and sleep. And also they differ in temperament—there are the muling, puking kind of babies, the placid and imperturbable ones, and the excitable and over-active ones. In some measure these temperamental differences are due to physique and in some measure to constitutional factors of a rather indeterminate character. We can detect the aggressive and the submissive types almost from the start. Environment will have a marked influence on heredity from the beginning, and can certainly modify, suppress or encourage such characteristics as pugnacity, excitability and the like to a considerable extent. The baby's first experiences and his environment during the first two years especially are extremely important. Difficulties are bound to occur now and again, and the parent needs to remember that the child in the first year has an active mental life and needs sympathetic and tactful handling.

FEEDING DIFFICULTIES. — These are perhaps the most common difficulties during infancy but may persist well through childhood and even into adulthood, although their character will vary. It is not relevant to discuss the more obvious physical causes of these difficulties here, but I want to say something about the psychological aspect, and indicate the influence of psychological factors on digestive processes. Fear has a marked effect on the functioning of the stomach, the gastric juices, the bladder and the bowels. There is no doubt that in many cases

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flatulence, acidosis, constipation, vomiting and diarrhoea are best understood and cured if treated as anxiety symptoms.

The importance to the infant of breast-feeding has already been pointed out. Children referred to Child Guidance Clinics with such symptoms as feeding difficulties, nervous symptoms and delinquency frequently give a history of disturbed feeding. Of 69 children referred for some anxiety symptom, 20 or 29 per cent. were said to have had feeding difficulties in their early years. Of these, 13 had had short periods of breast-feeding only and then difficulties had occurred in establishing bottle-feeding. (In one case breast-feeding had gone on too long — until twelve months — and in one case bottle-feeding had gone on too long — until eighteen months.) One particular child, J., aged five, when referred to a clinic for tempers, screaming fits, jealousy feelings and food fads, had the following history in regard to feeding:—

Breast fed for two months, but after each feed took "nervous tremors," so bottle-feeding was advised. Mother very nervous and worried at the time. Numerous disagreements occurred with her husband who frequently left her and she was very worried about her son, who suffered from the after-effects of Encephalitis Lethargica. J. could keep hardly any food down, but strangely enough did not lose weight. She was in hospital three times on account of this vomiting, and water blisters frequently developed. At one year she was put on solid food. She craved for liquids continually and was very faddy about food, really only liking soup. The feeding difficulty in this case seemed largely a psychological one, and all the symptoms except some food fads cleared up after psychological treatment.

For satisfactory breast-feeding regularity and undisturbed feeding periods are essential; four-hourly or three-hourly intervals should be maintained and the actual

feeding period should be undisturbed. This is especially important at the beginning. If the child is not getting adequate nourishment at the breast or the mother's health is not good enough, bottle-feeding should be introduced, but if at all possible one breast feed should be maintained. Bottle-feeding conditions should approximate as nearly as possible to breast-feeding. The baby should lie in his mother's lap and personal attention be given him. Very gradually new tastes should be introduced — orange juice, honey, glucose, cod-liver oil and malt, etc., should begin from a spoon, and as the teeth begin to appear rusks and then gradually more solid food. In this way weaning can be achieved gradually and to a large extent painlessly.

There is considerable evidence now that the very young child builds strange phantasies about his food — in his mind it is either very beneficial or very harmful, like nectar or like poison. Directly an aura of emotional disturbance surrounds the feeding process, directly he is cajoled or forced to eat, his phantasies become more intense and he feels more anxious than before. It is well known that little children eat better when together with other children in the Nursery School, or when a placid nurse helps them in the nursery, than when with anxious or adoring parents who watch every mouthful. Children very soon learn that their refusal to eat can be a potent weapon to ensure their mother's anxious solicitude.

*Teething* frequently produces food difficulties. The child usually suffers a good deal of real physical pain. But it also seems clear that his fears about his aggressive feelings increase with the appearance of the teeth, and screaming fits and feeding difficulties may occur at this time. Eating may become associated with aggressive feelings and so become a dangerous process, especially in

the presence of his parents, against whom his aggressive impulses are largely directed.

Any physical illness is likely to cause some disturbance to good feeding habits, and the increased anxiety shown after his illness in regard to his eating is likely to increase the disturbance.

Weaning, as already indicated, must be gradual. The loss of the close contact which breast-feeding implies is a source of real anxiety, fear and a feeling of frustration. The baby can only become accustomed gradually to loss of the breast. It is equally a great mistake to continue breast-feeding too long, as it tends to increase the child's dependence on his mother and is, of course, bad for his health. Some working class mothers continue this practice partly for reasons of economy and partly for emotional reasons, being desirous of preventing the child from growing up. It is also a mistake to give up breast-feeding too early and spoon-feeding is at first best done by the mother with the baby on her lap. Later, baby's meals can well be taken in the nursery with a nurse or maid and as little fuss made about them as possible. If the food is not all eaten little notice should be taken. After all, the child will come to no harm even if he eats nothing for a day or two, and the parent should never be afraid to allow a meal to be refused altogether. If the baby is healthy his normal hunger will tend to overcome any other feelings. Forced feeding only makes the nursery at meal times a battlefield strewn with bits of food, and usually defeats its own ends as the food is unlikely to be properly digested. *The golden rule about feeding is to be calm and unconcerned, and let meal times fall into the normal routine and not assume undue importance.*

SUCKING A DUMMY is not advocated on hygienic



grounds, but on psychological grounds it is permissible if the child is unduly disturbed. To deprive him of this satisfaction, which is a substitute for the breast, may produce worse evils, but a really healthy, contented, well-cared-for baby will not need a comforter.

THUMB-SUCKING serves a similar purpose. It provides the child with a comforter in place of his mother's breast. Alternative occupations should be provided, but also adequate nourishment and affection. The thumb may gently be removed from his mouth when he is asleep so that it does not become a habit. It is not of very great importance in babyhood, but it may be regarded as a signal of distress if it persists long in childhood.

TOILET HABITS.—Perhaps more family quarrels have been caused by difficulties in toilet training than by any other aspect of baby's learning period. The importance of establishing regular habits has been very much overstressed and it has often become the mother's great ambition to establish clean habits very early. Babies too soon and strictly trained frequently have a relapse later. *Normally, bowel control may be expected about twenty-one months, and bladder control at twenty-four months.* But differences will occur, depending in part on the baby's health. It is important to discover the infant's natural rhythm and he should be held out at certain fixed times to try to encourage regularity. The toddler should be taught to ask when he needs the toilet and to become as self-reliant about toilet habits as possible. No undue stress should be put on accidents which are bound to occur in the very best regulated homes. *The whole training process should be treated as unemotionally as teaching a child to fasten buttons or to learn to count.*

A little praise should be given for successful efforts,

but no disgust or shame should be shown over accidents. The child should be able to feel that his mother is trying to help him to gain control. Treatment of cases of incontinence has shown how anal products possess an emotional significance to the child. In regard to them he feels a certain sense of power and creativeness, and incontinence may be an expression of aggressive feeling towards his parents, or his failure to achieve control may be one symptom of a need to remain dependent on them. A breakdown in toilet habits is a common occurrence under any particular stress even among quite old children. In my opinion, it is impossible to regard bowel and bladder control as a type of conditioned reflex uninfluenced by emotional factors

**SLEEPING HABITS.** — Difficulties in regard to sleep are more likely to occur in the second and third years than in the first year, but such difficulties are to some extent the result of sleeping conditions during the first year, and of sleeping habits acquired in this period.

Independence in sleeping habits should be encouraged as early as possible. After the first few weeks, when it can be arranged, it is best for the baby to have a room of his own or with another child, or with the nurse. The mother should be within call. If baby wakes during the night after the last feed, the mother should go to attend to him. He should be soothed and comforted and settled again, and not be left to cry himself to sleep. Normally, when he is put to bed at night he may lie awake and talk or sing to himself a little and then drop off to sleep. He may cry just a little when he is left, but this should not be prolonged. Regular hours for bed times and for wakening times will help the baby to acquire good sleeping habits. It is important to avoid sudden awakenings, by noises or disturbances at night.

There is evidence that anxiety is aroused in the child if he sleeps in the same room as his parents when they are engaging in sexual relations. In some vague, intuitive way the little child seems aware of his parents' activities, and of his exclusion, and he tends to feel frightened or angry, neglected or helpless. Symptoms such as enuresis, masturbation and screaming fits have been found to date from these conditions. If a child is ill, or upset by teething, it is wisest for the mother to go and sleep in the child's room for a little and then, as he recovers, gradually to get him used to sleeping without her.

SCREAMING AND CRYING FITS. — To some extent a baby's cry is his way of communication. He needs food, company or attention and he demands it by the only means he knows. If he is getting insufficient food, company or attention he will cry a good deal. If he gets an adequate amount of each he will only need to cry in an emergency. Normally happy and contented babies cry very little. It is important to see that a baby's needs are well satisfied, but it is not wise to go to him immediately and every time he cries. He may be using crying as a way of making adults dependent on his will, and he has to learn to wait a little and tolerate a little frustration quite early.

But when he screams in fear or anger it is not wise to leave him alone to cry himself out or exhaust himself in this way. He needs the comfort and the reassurance that only familiar adults can give him. This is especially so when he wakes in the night from a slight sound, or because of the pain his teeth are giving him, or from a bad dream. His phantasies of vengeful, attacking parents are then most likely to be at their height, and if he has immediately the reassurance that his own real and loving

mother can give him, his fears decrease, and his phantasies are discountenanced. Throughout his early years he will constantly need such reassurance, and the more disturbed or variable is his home background, the more urgent will be his need. Screaming is one of the means a baby has of dealing with anxiety. It will become less necessary as he grows older and learns more about the real friendly world and gains real satisfactions from it.

Perhaps sufficient has now been said for the reader to appreciate the very great importance of the mental health and the emotional life of the baby. All aspects of the infant's life — his physical, intellectual and emotional development — are equally important, and need care and attention from the first.

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## CHAPTER II

### THE PRE-SCHOOL PERIOD

**T**HIS chapter will continue the story of the child's growth up to five years, the age at which he is usually considered ready for school. In some ways it may be more suitable to regard the second year or toddler stage as distinct from the Nursery School years, as there are certain characteristics belonging especially to the first period; but if the differences are kept in mind, and the second year be regarded as an intermediary period between babyhood and childhood, the whole period may conveniently be discussed here.

GROSS MOTOR DEVELOPMENT.—In the early part of the second year much energy is taken up in the process of learning to walk. The normal age for walking is fourteen months, but single steps may be taken alone before then, and even after this, up to eighteen months, walking is little better than toddling. Until walking is well established, talking does not develop very fast, except in the case of very clever children. It seems that the child's energies cannot be diffused on these two difficult arts at the same time. Mead's<sup>1</sup> norms for walking and talking were the following:—

	Boys.	Girls.
Walking (taking one step unaided)	13.8	13.2 months.
Talking (using one word intelligently)	16.5	15.5 "

Much of the early pre-school period is devoted to acquiring bodily skills. To anyone unfamiliar with little children, a walk with a two-year old is a revelation in itself

<sup>1</sup> Mead, C. D., "The Age of Walking and Talking in Relation to General Intelligence," *Ped. Sem.*, 1913, 20.

Every enticing flight of steps, every narrow ledge, every muddy puddle, every pile of leaves invite exploration, and suggest jumping, climbing, or balancing activities. Climbing is particularly popular, and if there are no safe trees or five-barred gates available, the Jungle Gym of the Nursery School has a great deal to recommend it. As the child grows, running becomes more secure, and falls are less frequent. Balancing and jumping and all kinds of activities with boxes and bricks and planks are practised again and again with great relish. Hopping, skipping and dancing soon become part of the repertoire of the three- and four-year-old. This general development of bodily skills not only increases muscular control but also fosters self-confidence, independence and self-reliance. This in turn assists emotional development. It is very noticeable that the neurotic, anxious child does not use his limbs and muscles freely and usually appears tense or timid.

The corollary should be evident to every mother and teacher who wishes to aid the little child's general development. Give him materials, space, opportunity and encouragement. The mother whose conversation to the child consists of "Careful!" "You'll tumble!" "You'll hurt yourself." "You'll only cry." "No, don't touch!" "Walk properly and hold my hand." "Keep still!" is not giving the right kind of encouragement to the development of either muscular or emotional control. The wise parent provides opportunity and encouragement and materials and then stands by to offer help only as required. How often the two-year-old begs "Let me do it myself," and how he will scream and storm when he is prevented or carried when he would rather walk. Tumbles are of course bound to occur from time to time. They are part of the child's learning process by which he gains caution,

## THE PRE-SCHOOL PERIOD

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but they are not likely to be serious if careful supervision is given.

MOTOR CO-ORDINATION. — Fine muscular development is another aspect of general development, and all scales of mental tests include some items designed to test this aspect of growth.

The following items are norms from Stutsman's,<sup>1</sup> Goodenough's<sup>2</sup> and Bühler's<sup>3</sup> scales:—

2 years.—The child can build a tower of six bricks. Can fold paper.

2+ years.—Can cut with scissors, button large buttons and carry ordinary vessels without spilling contents.

3 years.—Can copy a circle, can place round pegs in round holes and square pegs in square holes (known as the Wallin Peg Boards).

3+ years.—Can copy a cross. Can draw a rudimentary man (the most typical consists of a large round, two strokes for legs and two rounds for eyes).

4 years.—Can copy a square with right-angled corners.

5 years.—Can copy a star. Can draw a man with body, eyes, arms, hands, and some indication of neck.

The value of knowing these facts lies in knowing what to expect of a small child at any particular age. Parents who visit their children in the Nursery School are surprised to see them doing up their buttons, washing their hands, hanging up their towels, carrying their mugs full of milk, watering the flowers, putting their bricks away, and a hundred other small jobs which they seldom do at home. Much of the value of Nursery School training lies in allowing the child to help himself as far

<sup>1</sup> Stutsman, R., *Mental Measurement of Pre-School Children*. World Book Co., New York, 1931.

<sup>2</sup> Goodenough, F. L., *Measurement of Intelligence by Drawings*. World Book Co., New York, 1926.

<sup>3</sup> Bühler, C., and Hetzer, H., *Testing Children's Development*. Allen & Unwin, 1935.



as he is able. As motor control develops, the small child delights in using crayons, paint, pencils and scissors, and he needs plenty of opportunity to try out large crude movements first. He needs a chance to daub and scribble before he can draw or write, and most Infant Departments are beginning to recognise this fact now.

SENSE PERCEPTION.—The growth of sense perception is also a fascinating study

*At about one year* the child can distinguish between far and near, large and small, round and angular, above and below.

*At 18 months* he can place 13 out of 16 small cube bricks in a close-fitting box.

*At 2 years* he can replace all 16 cubes in 125 seconds (just over two minutes).

*At 2½ years* he can complete the Seguin form-board, placing square, round, rhomboid, triangular, hexagonal and other shapes in their insets. He can *match* colours.

From then on he shows increasing interest in all kinds of sense-training toys—towers of decreasing size, nests of boxes, form-boards, matching games, and certain of the Montessori apparatus. Play material of this type is much appreciated at this stage of development.

By five years he can *name* the most highly saturated colours—red, yellow, blue and green—and can begin to distinguish figures and letters. Although in Great Britain five years is the age at which the teaching of numbers and reading commences, many authorities, especially in America, consider a mental age of six to be a more suitable age. Before this age a child will develop both senses and muscles through play and by all kinds of creative and constructive activities. He certainly needs to be read, talked, and sung to, and will enjoy using bricks, counters, manipulative materials and picture books. In this way he increases his mental furniture, as it were,

and has an opportunity to learn for himself. When more formal work is started he is better prepared, more likely to be interested, and will progress with greater speed. I think there is a good deal to be said for this point of view

LANGUAGE DEVELOPMENT — During the early part of this period of development, particularly from eighteen months to two years, and between two and three years, language is of great importance and develops rapidly. Children brought up in a normal environment take great pleasure in imitating adults, in naming everything and in asking questions.

The following are the usually accepted norms:—

1st word. c. 10 months	200 words: 2 years
2-3 words c. 1 year.	890 words 3 years
c 3 words c. 18 months.	2000-3000 words 5 years.

Again it must be stressed that a great many individual variations in language development occur, depending as much on the child's environment as on his intelligence Stern,<sup>1</sup> working on material obtained by Descoeudres from 300 children, calculated that the difference between the working class and the professional class was equivalent to about eight months in language development From experience of children of equal intelligence from very different environments, I can endorse these findings

Intelligence does, of course, influence language development to a considerable extent also. The language of the three-year-old son of a university professor and that of the three-year-old son of a factory worker is as the difference between the civilised and the uncivilised world

<sup>1</sup> Stern, W., *Psychology of Early Childhood*. English Trans. Allen & Unwin, 1924, pp. 184-188.

On the average, feeble-minded children do not commence speech until three years two months, when the normal child has a vocabulary of about 900 words. Retarded speech development is one of the most marked characteristics of the mental defective. Very intelligent children can sometimes use quite a few words intelligibly by eleven months.

Association with adults is conducive to precocious language development. Twins are usually retarded in speech development. They do not use language to communicate to other children very much because they usually rely on each other's company, and sometimes develop a language of their own which is almost incomprehensible to other people. Children brought up in an institution are frequently retarded in language development as in other spheres of development, chiefly because they so often receive insufficient individual attention and stimulation. Girls are said to talk earlier than boys, their speech develops more rapidly, they do slightly better in verbal tests and in English subjects, and they usually learn foreign languages more quickly than boys. Boys, on the other hand, tend to develop a wider vocabulary, probably because they tend to show more interest in impersonal things and have a greater range of information.

The order of appearance of the different parts of speech is usually the following:—

1. Interjections.
2. Nouns: names are of first importance to the child.
3. Verbs: action interests a child.
4. Adverbs.
5. Adjectives.
6. Relational elements, prepositions, conjunctions, etc., are usually last.

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In a study of eighteen children Nice<sup>1</sup> outlined the following stages in the development of the sentence.

1. Single word stage: 4-12 months.
2. Early sentence stage: 13-27 months (average 17 months).
3. Short sentence stage: 3-5 years (sentences 4-5 words long).
4. Complete sentence stage: *c.* 4 years (6-8 words in sentence).

The language of pre-school children is well worth careful observation. Their mode of enunciation, pronunciation, expression and gesture vary and show very characteristic forms. Some children struggle with long words and speak in a very grown-up manner; others are very childish in speech. A slight stammer is very characteristic of the three-year-old, especially when he is excited and his vocabulary is not adequate to his needs.

The following records are of the speech of rather intelligent children from cultured homes and accustomed to the conversation of educated adults and of little children:—

PAUL.—2 years 7 months.

"Daddy's car. See Mummy morning. I got two cars. But [button] come off Go up hill. Car, car. I not naughty. Chicken, chicken, duck. I want to do some [beads]. I got green [a green string]."

Looking at book "Train, train, Sally. Ooh! another train. Boat. Ach -Tch-tch. Stop train Shut door. Engine Train. Shut door. Good-bye. [Makes train noises for a long time.] Hello! I come back."

This example is very characteristic of a two-year-old. It shows frequent use of interjections, nouns and verbs. Single words or two or three are used to convey the

<sup>1</sup> Nice, M. N., "Length of Sentence as a Criterion of a Child's Progress in Speech," *Journ. Educ. Psych.*, 1925, 16.

meaning of a whole sentence. Speech is usually exclamatory or imperative and very expressive.

JANET.—3 years 11 months.

Talking to herself and to others while playing with a Noah's Ark. "Now we are in a boat. When the flood stops we will get out. Oh, it is raining! I felt some real live drops. Has it quite stopped? Now, Anthony, the bread has got wet. . . . I don't know how trains run in the flood. My mummy told me they go right under the river [Thames]. Has the flood stopped yet? Is it twelve weeks yet?"

Although the sentences are short, and the vocabulary comparatively simple, there are no grammatical errors. Her speech is quite fluent and coherent and it is also very imaginative in content.

WILFRED.—4 years 6 months.

"We're not going to shoot our bullets for quite a long time. Not till night time. Now we are going to shoot—bang! No, no, they're not bullets, you see. . . . Let's get into our ship again. Where's that other big chair? Look where I am. The one that gets on the chair first must stop there. Shall I read the names on this boat? [The boat soon becomes an underground train.] The next train passing goes there. Press the button. It's going. Shut the door."

This boy's language, although the vocabulary is still fairly simple, is very well expressed, and the sentences are longer and more complex than Janet's.

During their play children talk very freely, and the stimulus of the other children's ideas provokes thought and language. By this means speech becomes more coherent and articulate, and the vocabulary widens.

It is interesting to compare the speech of children from home backgrounds culturally inferior and who are also less intelligent. This boy's language reflects his playground, the street, and his weekly entertainment, the cinema.

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JOHN.—5 years 6 months. I.Q. 79.<sup>1</sup>

"Come on, Geoff, and get your tea. This is a wee shop. We have a wee, wee baby. I have put the baby to bed. I'm putting the bairns to bed. [While playing with soldiers] He's in the Salvation Army marching along!" Later: "I saw some cowboys cross the road, and they shot a lady and I got the cowboys' horses. Two guys with guns I shot them and all their horses. My mum says I am to shoot cowboys and all their horses."

"David and me rode in the King's carriage and jumped off in the Overgate!"

This little boy was actually referred to a Child Guidance Clinic on account of lack of response in class. His home was of the poorest. He hardly spoke at all in school, but when allowed to speak freely in the clinic he became very voluble and very colloquial. He enjoyed singing snatches of nursery rhymes, jazz tunes, and even the National Anthem, at the top of his voice. It is interesting to note how fact and phantasy become confused in his mind, and how the cinema influences this child's natural tendency to build compensatory phantasies. Both physically and intellectually John was inferior to his fellows.

JIMMIE.—3 years 10 months I.Q. 85. (Referred to a clinic for retarded speech.)

Imitated another child singing, "Johnny the piper played the drum" and "Banbury Cross" over and over again. Imitated train and aeroplane sounds very expressively while playing. Said from time to time during the hour: "Fine." "O.K." "I wait." "I have got a great house" "Here's the water coming" "You put some in there."

This boy's speech is certainly more characteristic of a two-year-old, but in view of his I.Q. and his very limited home background it is not more retarded than one would

<sup>1</sup> For explanation of I.Q. see p. 56.

expect. He certainly spoke very little, particularly in school. Later, he developed a slight stammer. This was, I think, partly due to the emotional disturbance caused by the arrival of a small sister in the family, and also to his increasing need to express himself with only a limited vocabulary.

NANCY, his older sister, aged 4 years 7 months—I. Q. 85—was also considered retarded in speech development in school. When one came to know her she would talk quite fluently in terms familiar to her. The following is a little song she would sing while skipping:—

"Jelly on a plate,  
Jelly on a plate.  
Wiggle waggle,  
Wiggle waggle,  
Jelly on a plate."

Both these children were more active than talkative. Action rather than words came easily to them and they were both a little shy.

The two following examples contrast in a most striking manner when considered together. The first is of a mentally defective child, a mongol, with a very limited vocabulary indeed.

IRENE.—8 years 8 months. I.Q. below 50.

Playing with dolls with an adult alone. "No fu" (not full). "Yes fu'." "Milk—two—three" (counting cups while pouring out with doll's teapot). "Mummy wash" (goes and pretends to wash up). "Yes . . bit" (a little water). "O.K. —here—come" (speaking on the telephone). "Wow" (when water spills). "'Oook" (look).

She also named colours *incorrectly* and counted a few numbers from time to time. She tended to echo part of what was said to her—usually the last few words.

The second is of a very intelligent boy (I.Q. 122) of six years. A record of his early development was

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included in Chapter I. He came from a culturally superior environment, being the son of a headmaster. Language was almost a fetish with him. His first word was "ga-ga," meaning "dog," noted at 10 months. At 1 year 3 months his vocabulary was stated by his parents to be about 200 words, and his first sentence at the same age was "Look moon sky!"

Here is a sample of his conversation at 6 years 3 months:—

"These are the three primary colours. Blue, yellow and red. You can get any colour you want by mixing them except white. If you want to get white the best way is to leave a space on the paper, but this is no good if it is brown paper. The secondary colours are green from blue and yellow, purple made from red and blue, orange made from red and yellow. The tertiary colours are brown and grey and black—all dirty colours."

"This is the Spring I have taken a great fancy to the Spring. Summer begins on the first of June. It is Spring until one minute after twelve o'clock midnight on the last day of May. I shall be sorry then. I like the Spring but I am shy about it."

"The boy grows to be a man, and the man grows again to a boy, and when he is 100 he dies. I read in the paper that one man lived to be 121 and another to be 109. That was very old, wasn't it?"

The following is his description of a picture he painted:—

"It is a day in June. It is still light, but all the children have gone to bed. There is nobody on the beach Here is the sunset in the sky."

He always spent a great deal of time drawing, preferably maps.

"What is the difference between a map and a picture? I know. A map is a picture of a larger part and is not so detailed as a picture." Another question was, "How is it you hear the wind more indoors than outdoors?" And when deciding to draw a plan of a house, "How do architects make



upstairs and downstairs? I think I will just make it a bungalow."

The following is his description of a picture he drew at home:—

"I drew Mickey and Minnie And Mickey was too fat, he couldn't jump over the moon. But Minnie did, and she fell into the sea and was drowned, and Mickey went to look for her and he got drowned too So they were both made into manure and put on the ground and the grass grew"

These excerpts suffice to show how advanced this boy's vocabulary was.

THINKING AND REASONING.—The reasoning ability of the very young child has been a subject which has provoked much controversy in recent years. Piaget<sup>1</sup> roused a storm of criticism when he insisted that logical thought is not possible for a child under seven, and that child thinking differs essentially from adult thinking, in that it is primarily animistic, magical and syncretistic. Research work and child observation records obtained by child thinking differs essentially from adult thinking, in that it is primarily animistic, magical and syncretistic Research work and child observation records obtained by Hazlitt,<sup>1</sup> Isaacs<sup>2</sup> and Mead<sup>3</sup> have provided evidence to show that such a conception of child thinking is a misrepresentation of the facts Piaget himself says that little children possess a logic of action, and recent work has shown that although very young children lack the power of verbal expression and sufficient experience to follow an abstract argument in the same way as an adult, they are, however, quite capable of practical reasoning and of solving problems on the level of experience which they

<sup>1</sup> Piaget, J., *Language and Thought of the Child* Kegan Paul—Trench, Trubner & Co., 1923. *Judgment and Reasoning in the Child*. Kegan Paul—Trench, Trubner & Co., 1924. *The Child's Conception of the World*. Kegan Paul—Trench, Trubner & Co., 1926.

have reached. In Isaacs'<sup>4</sup> words, "the manipulative solution of problems remains the characteristic mode of intelligence up to the middle years of childhood." The phrase "the characteristic mode of intelligence" perhaps provides the clue to the solution of this controversy in regard to child thinking. *The characteristic mode* differs in babyhood, in early childhood, and again in later childhood. The baby learns *via* his senses; the young child, faced with the problems presented to him by the physical world, uses the results of his sense experience to solve these problems, and thinks by and through his senses. Sense experiences lead to percepts and percepts to concepts. Thought only gradually becomes less sense-tied and more abstract. Experience widens, the personal element diminishes slightly, language develops, and the child gradually learns to verbalise his thoughts and to express his ideas in a more general way. During the pre-school years phantasy is especially vivid, and constantly intrudes and impinges on reality. Animistic and magical beliefs and a sense of the special potency of his own wishes affect his thinking, but gradually diminish as reality experiences increase. Adults can of course greatly assist the little child by taking pains to give him the correct explanations and correct replies to his many queries about the puzzling world around him, and also by giving him the materials and the opportunity to experiment in the many spheres of activity in which he is interested.

<sup>1</sup> Hazlitt, V., *Brit Journ. of Psych.*, April 1930, Vol. XX, Pt IV.

<sup>2</sup> Isaacs, S., *Intellectual Growth in Young Children*. Routledge, 1930.

<sup>3</sup> Mead, M., "An Investigation of the Thoughts of Primitive Children, with special reference to Animism," *Journ. of Royal Anthropological Institute*, Vol. LXII, 1932.

<sup>4</sup> Isaacs, S., "The Psychological Aspects of Child Development," p. 28, Section II, *Year Book of Education*, 1935.

Anyone who takes time and trouble to listen to the spontaneous flow of language of little children while at play will recognise what real intellectual activity they show. Here are a few quotations taken at random from my own records of a group of very intelligent children in a private Nursery School.

Playing around a bonfire in the garden they at first pretend to be afraid of the smoke. Then they say, "Smoke can't burn, can it?" They try throwing various things on the fire. "Sand doesn't burn, silly! nor stones. Will banana skins burn? Let's cook those apples. Let's boil water and make tea. Take care, our dresses would burn."

Playing shops, one small boy with a car calls out. "This is coming from a shop to our house with a load of things." "Shops don't have private cars," says someone scornfully. "No, but they have vans. This is a big van."

Children delight in their own discoveries. A three-year-old:

"This comb is the same colour as my jersey." A four-year-old. "Blue makes green. No, blue and red make green. No, blue and yellow make green"—great excitement shown.

To-day they counted all the twenty-six letters on their biscuits. They then took a few bites and counted them all over again to see how many were left. This is surely a first exercise in subtraction.

Here is an example of logical thinking which shows great ingenuity in dealing with each new contingency that arises:—

Jean and Janet, aged four years, say: "Let's have a caravan and go away and away. Wheels and a chimney too! But just us two. No one else."

Jill: "I'd come too."

Jean and Janet: "No, you wouldn't. We shouldn't let you."

Jill: "I'd come in the door."

Jean and Janet: "We'd bolt the door."

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Jill: "Well, I should come in the window."

Jean and Janet: "No, we'd bolt the window."

Jill: "Well, I should break the window."

Jean and Janet: "No, you couldn't. We should bar the window."

At this point Jill retired discomfited.

Andrew, aged four, remarked, "When I'm a man I shall have a bag," looking at Miss B.'s hand-bag admiringly.

Harry, four years: "Men don't have bags," with great scorn.

Andrew, trying to get it his own way: "I'm not a man."

Donald, three years, whose father is a doctor, had a sudden inspiration: "Doctors have bags. Daddy has a doctor's bag."

Philip, four years, determined to uphold the superiority of the male sex, remarks to Edith, "You'll be a Mummy when you grow up. But Jim and I'll be Daddies!"

The following is an excellent example of deductive reasoning. One boy had brought a little wooden hut to school. It had no chimney. He was asked, "How do they keep the house warm?" "Oh, they have big fires." "But where does the smoke come out?" "Through the chimney." "But it hasn't got a chimney." A pause for thought, "They must have 'lectric fires!"

Although children enjoy whimsical tales, by three years they have a pretty clear distinction in their minds between fact and fancy.

After listening to the story of the Little Red Hen, Edith, a very matter-of-fact young person, remarked, "But hens don't have pinafores really."

After the story of the Runaway Bun one child remarked, "Isn't it funny for a bun to have eyes and a mouth, and look! his mouth is open so he can sing."

Very little children, I think, prefer stories that are fairly realistic—about real animals and people—and the thirst for fairy tales and legends comes a little later. Rather matter-of-fact stories also help the child to keep

this distinction between fact and fancy clear when he is very young.

In their play, children transform the objects around them into the necessary equipment for their imaginative play, but at the same time they quite realise the element of make-believe.

Having made a boat out of chairs they called out to anyone walking on the floor, "Look out. You're in the sea! You'll be drowned." They made a little house inside the toy cupboard and pretended it was a wet day. "Come quickly inside. It's raining. You'll get wet."

Children can also be very resourceful when it suits their purpose.

One child had made a long bead necklace and left it lying on the floor. When asked to pick it up he was busy at something else and so called out, "Oh, but I can't. It's a *train*."

Again, little children make amusing mistakes because of their limited experience.

When they saw the wax melt and run down the candle they said: "Oh, look at all the white water running down!"

"I was very late this morning, wasn't I?" meaning very *early*.

One child said: "I saw two helpings of children outside," meaning two lots of children

Peter was asked how many brothers he had. He replied, "Two. Donald and me." This difficulty in grasping a reciprocal relation is commented on by Piaget.

Time sense is poorly developed in the pre-school years. A three-year old insisted one day, "To-morrow I shall be six, and after Tuesday I shall be in the Kindergarten."

Little children evolve their own way of estimating the passage of time.

"After the seaside I shall be five. I'm four and a quarter now." "We come to school the day after Sunday, don't we?"

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A great deal of the small child's thinking is done by experimentation, by trial and error methods—the essence of learning. Playing with bricks, with sand and water, and countless other materials provides opportunity for judging size, distance and weight, and it is only by experimentation that a child learns how to make a tower of bricks that will not fall, and a bridge of sand that will stand.

The following is a particularly delightful example of practical reasoning:

Andrew, aged two years, was standing in a deep puddle on the terrace, meditatively contemplating his goloshes. When an adult suggested he should step out of the puddle he remarked, "I want to find out which 'glosh has a hole in it."

Another remark is worth quoting:—

Jim, four years, watching older children over the wall doing drill, and very much impressed, said thoughtfully: "Do you think they are thinking?"

Children, just as adults, blame materials and use what may be termed "animistic" phrases sometimes.

Struggling to do up his coat buttons Harold remarked, "It's a naughty thing, it won't go in." Jim, trying to fit the Montessori insets: "This won't fit. It's a silly thing."

Again, when they can't achieve something another child has done, they cry, "That's a nasty thing. That's dotty."

Attention has often been called to the imaginative or compensatory type of lie. Very little children are constantly reminded of their own littleness, impotency and inadequacy. They frequently claim to do impossible things to outwit, as it were, the all-powerful adults around them.

"Oh, I could unscrew that bottle for you. I could hammer the house down."

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"I can jump right into the sandpit. I can jump as high as the sky."

The following is a story told by a four-year old, indicating a wish to be aggressive and grown-up:—

"I'll tell you something. There are some cows next door, and, do you know, they eat all the hedge and very soon, when I'm big, I'm going to buy a gun and shoot them."

These few quotations may be sufficient to indicate the nature of the pre-school child's thinking.

**SOCIAL-EMOTIONAL DEVELOPMENT.**—Social and emotional development appear to me, for reasons which will be stated later, to be intimately related, and I am therefore considering them under the one heading. Experience indicates that although the child's chronological and mental age, and his opportunity for associating with other children, are factors of importance in achieving good social adaptation, emotional factors related to parental attitudes and home atmosphere, and arising from the child's inner personality development, are by far the most important.

The following characteristics appear to me to be indicative of a satisfactory emotional development:—

To appear contented and serene.

To show affection naturally.

To be able to tolerate restrictions

To appear courageous.

To appear keen and alert, and alive to new experiences.

To show a certain degree of independence, and to attempt to handle difficulties alone.

I have found that a child who shows such characteristics will be able to make a better social adaptation to both adults and children than the child who appears generally over-anxious, over-dependent, indifferent or

apathetic. The normal stages of social development during the pre-school period are said to be (1) indifference or aloofness, (2) hostility, and (3) friendliness and co-operation in relation to other children; while (1) dependence, (2) resistance, and (3) friendliness and co-operation are usually considered to be the normal stages of social development in relation to adults. These stages are recognised by most psychologists, and notably by Bridges,<sup>1</sup> Parten,<sup>2</sup> and Isaacs.<sup>3</sup> The transition through each stage is gradual, overlapping occurs, and behaviour varies within the same day from aloofness to sudden outbursts of destructiveness and aggressiveness, and again to real friendliness, sympathy and the enjoyment of the position of leader. But most children show a characteristic mode of social behaviour at any given time.

Murphy<sup>4</sup> has pointed out that a child's behaviour may vary from day to day and from situation to situation and that "it is not legitimate to assume that a sample of behaviour in one situation tells much about a child, even when this sample shows high 'internal consistency' in statistical terms." It is interesting also to note that from her study of sympathetic behaviour in pre-school children a consistent correlation between aggressive and sympathetic behaviour was found, which she states "points to the importance of a general tendency towards outgoing responses underlying both aggression and sympathetic behaviour."

This discussion leads one to appreciate the need to

<sup>1</sup> Bridges, K., *Social and Emotional Development of the Pre-School Child*. Kegan Paul, 1931.

<sup>2</sup> Parten, M., "Social Participation among Pre-School Children," *Journ. Abn. and Soc. Psych.*, 1932.

<sup>3</sup> Isaacs, S., *Social Development in Young Children*. Routledge, 1933.

<sup>4</sup> Murphy, L. B., *Social Behaviour and Child Personality*. Columbia University Press, 1937, pp. 280 and 282.



understand the stages of social development and how and why they are related to emotional development. Bridges *describes* the stages of social development very adequately but she makes no attempt to give any *dynamic* account of them. She treats emotional development as an isolated phenomenon apparently quite unrelated to social development. Her "genetic theory of the emotions" can be expressed in a very neat diagrammatic way, but the view that emotion is shown in infancy only as a distress or delight or excitement hardly seems to fit the facts. Rage or fear rather than distress, passionate affection rather than delight, would seem a more accurate description of the infant's emotional experience, as Shirley<sup>1</sup> has shown. The experience of love and hate is most intense in infancy but these emotions decrease in intensity gradually in the pre-school years. Jealousy, too, appears a very fundamental emotion. Its origin is connected with the urgency of love feelings. Very early indeed—about nine months—the infant seems to fear and hate any rival for his mother's affections. This feeling of jealousy is shown towards the father, and towards brothers and sisters. The countless devices to obtain attention from his parents in early childhood seems due to this underlying anxiety about the loss of the loved parents' affection. This conflict is very apparent at the birth of a brother or sister, and the incidence of such symptoms as enuresis, temper tantrums, thumb-sucking, food fads and disorders of sleep at this time, although their aetiology is often considerably more complicated, suggests that this circumstance is fraught with anxiety to the young child—anxiety about his own hostile feelings to his mother for succouring his rival, and towards the

<sup>1</sup> Shirley, M., *The First Two Years*. University of Minnesota Press, 1933.

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new baby for usurping his position, and anxiety lest he lose the security and affection that he enjoyed before

The young child's earliest social behaviour is clearly dependent on his stage of emotional development. If he is unsure of his mother's affection he will make countless demands on her, and be extremely dependent on other adults, who, for the time being, take the place of his mother, *e.g.* the Nursery School teacher. It is this type of child who seeks affection continually, finds it difficult to leave his mother, clings to adults, depends on adults for suggestions a great deal and shows regressive tendencies in his play.

If a child is fundamentally anxious, afraid perhaps of his unconscious aggressive feelings, he may cry frequently; he may show fear in a marked degree when faced with a difficulty, or show fear of animals, strangers, toy guns or dirt. He may bite his nails, and may be socially very inhibited, aloof from others, and occasionally very destructive and aggressive in his play. All children show such behaviour from time to time, but with neurotic children such behaviour may be the usual.

If a child is passing through a phase of intense jealousy, strangers, newcomers to the Nursery School, or younger children especially will call forth aggressive behaviour and such a child will tend to join together with others and gain relief from his feelings by directing his aggression towards an adult or towards a group of other children. It would seem that this is a normal phase of social development. Other children at first appear to the child as rival brothers and sisters do. The countless difficulties about sharing possessions and privileges in the Nursery School are only a reflection of the far greater difficulties found within the home.

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The following examples will serve to illustrate the intensity of the feelings of the pre-school child.

### AGGRESSIVE IMPULSES.

Jean, aged 4, was very full of threats against Andrew, also aged 4. Remarked several times, "I will cut you up." "I will get a big saw and saw you into little bits."

Peter, aged 4, said to Andrew one day when A had brought a gun to school, "You lend it to me" (and when refused), "My daddy's got lots of guns—real proper ones" (this information entirely imaginary). "I will bring one to school with real gunpowder in it and shoot you" When Andrew looked frightened he added, "Oh, it's only a funny game!" But later, when again upset, remarked grimly. "It's not a game this time."

Martin, after much fighting and quarrelling with the twins, declared, in an effort to make peace, "There is no more fighting in the world" Tommy replied vindictively: "I shall fight you all!" Martin replied: "Then I shall hit you with this spade and chop you up into little bits."

Another remark reported by a friend of mine was made by a little girl of three and a half who had an intense dislike of her grandmother. She said: "I want to cut her up into a thousand teeny-weeny bits *and put iodine on every little bit.*"

### FEARS.

Andrew, aged 4, was often really terrified because an older boy used to tease him by pretending that he could run an electric current through his body by touching him with a bit of wire. This game had to be stringently prohibited by adults because it caused so many tears.

Catherine, aged 3, was very much afraid of animals. When the children in the Nursery School had a tortoise, helped to build an outdoor run for it and watched it fascinated, Catherine would run indoors screaming, and it was a long time before she could be persuaded to play outside when the tortoise was in the garden.

Donald, aged 3, used to pretend there was a bogey-man in the toy cupboard, and inside his shoe and inside books. He

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would get very excited about this, half amused, half frightened. He would try to shut the book up quickly to catch the bogey-man inside. He would often call out, "There's a bogey-man," and then roar with laughter.

The stages of social development are thus closely interrelated with the stages of emotional development. When the pre-school child feels secure in his relationship to some adult, he does not need to seek the assurance of adult support to such an extent as when he feels insecure, and he is freer to make social advances to other children. If his underlying conflicts related to his feelings of hatred and jealousy felt towards his brothers and sisters are very intense—accentuated perhaps by parental mismanagement of family quarrels, or by real frustrations experienced on account of more attractive, more intelligent, or physically healthier brothers or sisters of near age—his relationship to other children may be seriously affected. He is likely to be aggressive, to dislike sharing his possessions, or to be cruel to children considerably younger than himself.

PLAY IN THE PRE-SCHOOL PERIOD.—Nearly all psychologists and educationists attach a greater significance to play than hitherto. It is now widely recognised, as Froebel<sup>1</sup> pointed out, that play can be the helpmate and the handmaiden of education, and that a little child learns most naturally and most willingly through the medium of play. By means of play the child can try out, and gradually perfect, his growing *intellectual abilities*. He needs the opportunity and the materials with which to experiment, and he learns at first largely by his own mistakes. He needs all kinds of raw materials—sand and water, plasticine or clay, bricks, crayons and paint—

<sup>1</sup> Froebel, F., *Chief Writings on Education*. Trans. S. S. F. Fletcher and J. Welton. London, Arnold, 1912.

which he can use to express his ideas and learn to master to suit his diverse purposes. He needs also a certain amount of sense training materials which appeal to his natural interest in differing sizes, shapes, sounds and colours. All kinds of matching games, puzzles and form-boards interest him at this period.

Through play he learns *control of his body*. Give him shutes and see-saws and jungle gyms and wheel toys—anything on which he can practise balancing and pumping and climbing feats. He will play with these for hours at a time, and gain in physical health and in self-confidence. Let him do what he wishes with large-scale apparatus, and do not be upset by a few tumbles. They will not worry him unless you begin to fuss about them. Such play material offers the best opportunity also for learning the difficult art of social co-operation.

Above all free play will help a small child's *social-emotional development*. Lowenfeld<sup>1</sup> writes: "Play is an essential function of the passage from immaturity to emotional maturity." A child is helped to grow up by means of play. She also writes: "Play is to a child, therefore, work, thought, art and recreation, and cannot be pressed into any single formula." Play is certainly a serious business to a little child, and he spends much time, thought and energy on it. Play relieves tension, and through it a child will be able to express underlying emotional conflict in his most natural language. Play has therefore a quite definite *prophylactic* function. Adults may gain the same outlet through athletic games, or by proxy, as it were, through participating in or by watching dramatic activities. Isaacs<sup>2</sup> says: "Psycho-analytic studies of little children, moreover, have also

<sup>1</sup> Lowenfeld, M., *Play in Childhood*, p. 324. Gollancz, 1935.

<sup>2</sup> Isaacs, S., *Intellectual Growth in Young Children*, p. 102. Routledge, 1930.

shown that in their free dramatic play children work out their inner conflicts in an external field, thus lessening the pressure of the conflict and diminishing guilt and anxiety." Klein<sup>1</sup> writes: "In play the child not only overcomes painful reality, but is assisted in mastering its instinctual fears and internal dangers by projecting them into the outer world." So a child gains emotional relief in the most natural and simplest way possible. Freud<sup>2</sup> further states: "Children tend in their play to repeat everything that has made a great impression on them in actual life whether pleasant or unpleasant, so they thereby abreact the strength of the impression and, so to speak, make themselves master of the situation."

Again and again children play out the family situation. They assume the role of the parent or of the child and repeat dramatic everyday happenings. Sometimes they are quite aggressive and sometimes they are quite tender in their play. Later they act witches and fairies, teachers and pupils, policemen and gangsters. During the war many children play at soldiers, sailors and airmen, and the timid, anxious child may find this a way of reducing his fears about the war. The important point is to give the children the space, the freedom and the materials for free play and leave them to it. It is for this reason that the Nursery School and the Play Centre can do such valuable work and should form part of any educational authority's scheme for the welfare of its child population. A child who plays well is likely to be happier and healthier than the child who has no opportunity to play or no one with whom to play. And he begins to

<sup>1</sup> Klein, M., *The Psycho-analysis of Childhood*, p. 246. Hogarth Press, 1932.

<sup>2</sup> Freud, S., *Beyond the Pleasure Principle*, p. 15. Int. Psycho-Analytical Press, 1922.

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learn early the difficult art of give and take and the value of social co-operation.

Some play materials have already been suggested in this account of child development. Pre-school children need toys to increase muscular development, toys for creative and constructive play, toys for imitative and dramatic play, and toys for sense training.

In the first category we may place

- Climbing frames;
- a slide;
- a shute;
- a swing;
- a see-saw;
- planks, boxes and blocks;
- trucks, trolleys, barrows, tricycles and other wheel toys.

In the second category we may include

- Bricks—large and small;
- paint and paper;
- plasticine, clay or dough;
- sand and water;
- wood, hammer and nails.

For dramatic play a child needs

- A play house or a doll's house;
- dolls and doll accessories;
- tea-sets and domestic articles;
- trains, cars, aeroplanes, etc.;
- a box of odds and ends and dressing-up materials.

And for sense training the Montessori type of apparatus is good, also

- Peg boards;
- fitting toys;
- puzzles;
- colour-matching games, etc.

This comprises a brief account of normal social and emotional development and of play requirements during

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this period. The special difficulties of the pre-school child will be dealt with in the next chapter.

### *Note on Intelligence Quotient (I.Q.)*

The intelligence quotient is a ratio, reckoned in terms of 100 units, between mental age (as determined by Score in a standardised intelligence test) and chronological age,

$$\text{i.e. I.Q.} = \frac{\text{mental age}}{\text{chronological age}} \times 100.$$

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### CHAPTER III

## DIFFICULTIES DURING THE PRE-SCHOOL PERIOD

**I**N the previous chapter I have tried to indicate what would appear to represent a satisfactory adjustment for a pre-school child. A measure of serenity and contentment, a sense of adventure, a desire to meet new experiences, a capacity to tolerate a certain degree of frustration and disappointment and to deal with his own difficulties independently, a tendency to make advances to both adults and children and to adjust to their requirements without undue friction—all these go to show a certain inner serenity and are indicative of a good adjustment. But this does not exclude the occasions when the child, faced with too difficult a situation, breaks down; when he feels panicky with fear and very helpless and alone, or when he behaves in a stubborn, angry fashion, and appears at variance with the whole world. In the pre-school years the child is as yet ill-equipped to meet all the demands life makes on him. He is too sensitive; his feelings are not yet hardened by experience; he lacks control—bodily control, mental control, emotional control; he wants what he wants here and now, and does not suffer delay, procrastination or refusal at all gladly; he can only partly achieve what he wants to do, and is frequently reminded of his own impotence, inexperience and inadequacy, and of the greater potency, experience and adequacy of the adults around him. Of course he

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has ready helpers at hand—parents who are only too eager to give him help, to show him sympathy and affection, to teach him and to lend him support. But there are times when the pressure of unconscious forces, his own conflicts and feelings of aggression and guilt cause him to lose confidence in his parents, to distrust and even to fear and to hate them. If circumstances exist or arise to cause any real justification for these feelings, his anxieties will be increased tenfold, but if even outwardly he receives nothing but kindness and loving care from his parents, inner doubts and fears will arise now and again.

Isaacs<sup>1</sup> states:

"In the period from one to five years in particular, emotional difficulties occur so frequently that they may be looked upon as normal to this phase of early childhood. Few, if any, children do not manifest some sort of difficulty, although these vary very much in degree and persistence."

This point of view is surely the wisest to adopt. Emotional difficulties are so common at this stage of growth that we should regard them as the rule rather than the exception. It is only if they are very frequent, if they are persistent, and if they tend to occur long after five years of age that they become more serious. They are likely to persist if the child is unwisely handled, if he meets with many changes of nurses or of homes, if he receives inconsistent discipline, or if he experiences many unfavourable experiences, such as many illnesses, or a severe shock or fright. In any case, early difficulties are likely to recur temporarily during adolescence.

A further quotation may appear a little startling but it is from the writings of a clinician with first-hand experi-

<sup>1</sup> Isaacs, S., "The Psychological Aspects of Child Development," p. 26. *Year Book of Education*, Section II, 1935.

ence of children's difficulties. Winnicott<sup>1</sup> writes:

"At first (he is three years old) he increases his stuttering and other habits (now symptoms) in an attempt to resist the inevitable progress time brings. But at last he plunges into the stream of night terrors, tempers, punishments, phobias, minor obsessional acts, and experiments in devilry that can be called healthy early childhood. The battle of life has started."

This is a very different picture from that which adults used to paint, having conveniently forgotten all their early conflicts and anxieties. Life is something of a battle, not only to the adult with his manifold responsibilities, but also to the three-year-old striving to understand his world, to reduce his anxieties, to tolerate some frustration of his desires, and to adjust to the harsh requirements of reality.

TEMPER TANTRUMS, FITS OF OBSTINACY, AND VIOLENT SCREAMING.—These are very common during the pre-school years. They are especially common at two years, less common at three, and far less frequent at four.

They are a healthy sign if not too frequent, nor too persistent, and to some extent are an expression of independence representing a child's desire to pit his will and his strength against his parents. *The excessively good child, who is never bad-tempered, has usually poorer mental health than the occasionally naughty child.*

A rather deeper interpretation of these temper storms is that they represent a projection of the "parent image" which every little child builds up in his own mind. By means of the temper tantrum the child projects his phantasy of the bad attacking parent on to the real parent, and tries in this way to test out his phantasy and prove that it is false. The question that he seems to ask him-

<sup>1</sup> Winnicott, D. W., *Clinical Notes on Disorders of Childhood*, p. 196. Heinemann, 1931.

## DIFFICULTIES DURING THE PRE-SCHOOL PERIOD

self is, "If I am bad will mummy really hurt and destroy me?" in the crude way he fears in his unconscious mind.

Temper tantrums occur very frequently during the routine procedures of toilet and feeding. These processes bring the child into close contact with the adult and, as already indicated, these processes are fraught with emotional significance to the child. Any attempt to force a child with regard to toilet or feeding habits will usually provoke a storm.

Anger is also, of course, a normal reaction to restriction, and a healthy child will show anger when he cannot get what he wants. He will also show anger when he cannot achieve what he wants, when the bricks won't balance or the puzzle won't fit, and he feels frustrated and despairing about his lack of skill. It is natural that at two years he will come up against many situations of this kind when his desires are great and his skill limited.

*Treatment.*—We may summarise the best methods of dealing with these difficulties as follows:—

1. Avoid too much frustration. Say "Do this" rather than "Don't do that."
2. Avoid situations likely to cause tantrums so far as possible. Give plenty of outlets for aggressive feelings through play.
3. Encourage self-help in every way.
4. Ignore temper displays so far as possible.
5. Never give in to a temper or the child may use this as a weapon to gain his own ends on every occasion.
6. Try removing him to another room but do not leave him alone. He needs adult support during his bouts of anger.
7. Never meet aggression with aggression, never lose your own temper but remain as calm and reas-

suring as possible. Try to talk him out of it or distract his attention.

The following case study is interesting in this connection:—

ALAN.—2 years. Alan was sent to a Child Guidance Clinic by his private doctor because he was difficult to manage and had frequent tantrums

Investigation revealed that neither parent was very keen to have children but had become "acclimatised" to Alan because he was such a happy, easy baby. He had always been healthy, and ate and slept well. He was breast-fed for two months, and then transferred easily to the bottle.

The parents did not get on very well and quarrelled rather frequently. Mother said that Alan soon developed all his father's difficult traits—such as obstinacy and self-will—and became progressively more difficult to manage.

Living conditions were difficult as the family lived in a top floor tenement, and as there was a complaining neighbour beneath, Alan was very restricted in his play.

Improvements were made in the child's environment and suitable toys suggested. He was found to be of normal intelligence. He attended a small play group at the clinic and gained a great deal of delight from using sand and water, paint, hammer-toys and the like. He also made a very fair adjustment to the other children slightly older than himself. After some months Nursery School attendance was suggested, but Alan was apparently not ready for it. His symptoms which had greatly improved, returned, and so attendance was not pressed. He was not yet ready to leave his mother for such a long period as Nursery School attendance required.

The family obtained a new house on the ground floor, and the mother was encouraged to take Alan out to the public playgrounds as much as possible. It was stressed that his behaviour was normal for his age and a normal reaction to his restricted environment, and that she should regard it as a passing stage. Some improvement was also made in regard to marital relations, and the boy's behaviour steadily improved.

## DIFFICULTIES DURING THE PRE-SCHOOL PERIOD

This case illustrates a normal stage in development exaggerated by an environment which was difficult both from a material and emotional standpoint.

**DESTRUCTIVE BEHAVIOUR.**—Destructive behaviour is also a natural phase of development. Sometimes it represents no more than a healthy desire to experiment. A child is curious about the inside of things and wants to find out how they are made. This is related, I think, to certain more unconscious anxieties about the contents of his mother's body and sometimes it seems to be connected with an anxiety about how babies are made. All children show such behaviour at times. Then, too, the child gains real sensual or muscular pleasure out of destroying—knocking down bricks or sand castles, tearing paper, banging things with a hammer. From such activity he gains very necessary outlets for instinctive energy. It is also so much easier for the little child to destroy than to create in a form which is recognised or approved by grown-ups. He cannot really be constructive until he has learnt through experimentation and by destructive methods.

Destructive behaviour is more common among two-year-olds than among four-year-olds. At the latter age, however, children frequently return to more infantile behaviour, particularly when they are upset in any way. I think then such behaviour represents a deflection of unconscious aggressive feelings, primarily felt towards the parents, on to innocent objects in the external world. It may take the form of tearing or picking at clothes, spoiling books, or damaging toys. From the point of view of mental hygiene it serves an important function, as it is a way off reducing internal anxiety, and of dealing with guilt and jealousy feelings in some measure. It is

more serious when the aggressive feeling is turned on to the self and takes the form of head-banging, skin-picking, nail-biting and other forms of self-mutilation which will be discussed briefly later.

*Treatment.*—In a general way it is important to ensure that the child has a stable, satisfying kind of environment, and he needs to be treated with great tact and gentleness.

He needs adequate outlets for both destructive and constructive activity through play. Hammering, tearing, modelling, building and destroying the results are a few useful sublimatory activities.

The following case study is an example of destructive behaviour arising from rather severe jealousy feelings:—

MOLLY.—5 years. This little girl was sent to a Child Guidance Clinic by a welfare worker who knew the family well. She was said to be restless and destructive—picking holes in her bed-clothes, etc. She was also reported to be very jealous of the younger children in the family.

The history showed that she was illegitimate. Her mother was an orphan brought up in an institution, and Molly spent the first year with her in a rescue home. Her mother married when Molly was eighteen months, but not Molly's father, and they set up house.

Birth was normal, though the mother was unwell after the birth. Molly was bottle-fed. She walked and talked early, and was clean at one year, according to her mother. Her mother was rather exacting in her standards. Molly had always been rather delicate, with frequent chills and digestive upsets. Micturition and sweating were rather frequent. She ate well but her sleep was restless.

She showed very clear signs of jealousy when the younger children were born, and quarrelled frequently with them later. Her step-father took a great deal of trouble with her and appeared very fond of her. He was a slater by trade, but an invalid on account of heart trouble and wounds resulting from the last war, so he was a great deal at home.

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Molly's symptoms were fairly mild and were evidence of aggressive feelings toward her brother and sister. She appeared also to be reacting to some extent to her illegitimacy. The mother, who was a plucky little person but rather easily depressed and impatient with the child, was extremely grateful for the advice given her at the clinic, and depended on it for support for a considerable time. Given opportunity to work off her jealous feelings through play in the clinic, Molly improved slowly. School attendance with a sympathetic teacher also helped her. Every encouragement was given her and she was praised for successful achievements.

This case illustrates how the tangle of marital relations can affect a young child's development, and how much insight parents need to understand a child's behaviour.

**NAIL-BITING, SKIN-PICKING, HEAD-BANGING.**—These habits represent another mode of dealing with inner aggressive feelings. They show a tendency to turn the aggression on to the self, a form of punishment or self-mutilation. Head-banging is more characteristic of the two-year-old than of the older child, but skin-picking and nail-biting frequently persist into school age and may become so-called nervous habits. I remember once being asked to call on a headmaster of a primary school to discuss this question of nail-biting. It appeared that in one particular class almost every child was a nail-biter! The common factor here was a particularly severe teacher who had reduced the class to a state of acute nervous tension, and I found myself placed in an extremely awkward position as it was not permissible to criticise any members of his staff!

*Treatment.*—Reassure the child in every way possible. Try to increase his confidence and reduce any particular strains that he is facing. Avoid too much censure or nagging. He needs comfort rather than blame.



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Some pleasant healing ointment will be soothing to the skin, and olive oil is good for the nails. With an older child the gift of a pretty manicure set may do much to encourage pride in keeping her hands nice.

FEARS.—Fears of one kind or another, though of varying degree, are almost universal in early childhood. From experimental studies made by many different psychologists, and from case studies, their highest incidence is found to be at three years.

Fear is, of course, a normal response to danger, *i.e.*, real danger, and results in a conditioned mode of response—flight, anxiety, or caution, etc. But the little child is most intensely afraid of many imaginary dangers as well as real dangers. There has been a considerable amount of argument among psychologists as to what may constitute a fear-provoking situation to a young child. By many psychologists it is not nowadays considered sufficient to postulate certain innate fears, such as a fear of loss of support and of loud noises, as Watson does, and then consider that all other fears are conditioned by these, *i.e.*, have arisen in association with one or other of them. Valentine<sup>1</sup> has challenged this conception and from his own experience has found that a loud noise does not invariably produce a fear response in a child, and furthermore that certain fears, particularly of animals and of strange phenomena, developed later than eleven months, the age of the infants tested by Watson. Valentine also emphasises the importance of considering the total situation as it appears to the child at the particular time. The presence or absence of the mother or of some other familiar adult with whom the child feels secure may determine whether or not the child exhibits fear. Con-

<sup>1</sup> Valentine, C. W., "The Innate Bases of Fear," *Journal of Genetic Psychology*, Vol XXXVII, 1936.

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versely, fear may very readily be induced by suggestion. Fear is very infectious, and a timid child is frequently the reflection of nervous and over-anxious parents.

The most fundamental fears to the pre-school child would seem to be a fear of loss of love and a loss of security; and the little child is frequently afraid of losing both, even in cases where there can be no doubt of the parents' love and care. These fears are largely the result of unconscious feelings of badness, and may be termed *anxieties*. Anxiety arises essentially in response to inner stimuli which obtrude from the unconscious levels of the mind. They are more persistent, more irrational, and call for more careful handling than ordinary childhood fears. He may fear that his parents may desert or harm or starve him if he is unworthy and unlovable because he sometimes harbours bad, hateful feelings towards them. If he feels so to them they may reciprocate and retaliate. In short, he feels that his parents will have as bad feelings towards him as he had towards them. This would seem to be at the root of the phobias of the pre-school child which are so very common. Fears of dogs, cats and spiders, for instance, frequently represent a projection of those unconscious fears on to some object in the external world against which he may enlist protection.

The frequency with which little children, especially at three years, suffer from night terrors is evidence of the presence of these unconscious fears of attacking parental figures. At night the child has not the reassurance of friendly, loving parents that daylight will bring. I know one little child who suffered from many nightmares related to the film of "Snow White," as the Witch in Snow White epitomised and, as it were, re-created the bad, poisoning parent image of the unconscious mind. For many long months this little girl played games

around the Snow White theme—trying to master her anxiety and finding relief in the happy ending when Snow White is carried off by the handsome prince and lives happily ever after.

Research workers have found that animals, mysterious events, and strange persons are the most frequent causes of fear among pre-school children. Unfamiliarity is disturbing to a child. He is not equipped by virtue of his past experience to deal with many situations familiar to adults but eminently mysterious to him. A man with a mask, a clock-work toy, an Indian lady, even Father Christmas at first encounter may suggest a dangerous situation to the child, and one which his immature personality may feel inadequate to handle.

Here is a list of some fears shown by children in a Nursery School:—

A tortoise.

Smoke from a bonfire

An older child dressed up in a black cloak.

An Indian visitor.

A pretence bogey-man—to be found hidden in picture books and inside shoes and cupboards.

Children's parties

Other children's threats, such as, "I am a dragon, I shall catch you." "My daddy's got a lot of guns, I shall bring one to school with real gunpowder in it and shoot you" "I shall send an electric wire right through you" "You are very, *very* naughty."

All these fears or anxieties were keenly experienced. The "threats" were implicitly believed, and much adult reassurance was necessary to discountenance them. Parents too frequently threaten to desert small children in a foolish attempt to induce good behaviour.

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A boy of two years of my acquaintance considerably delays his meal-times by reiterating that he "sees a horrid animal on his plate," and cannot therefore eat his dinner.

A little girl of three years (IQ 96) was afraid lest her mother would never come back when a neighbour had suggested this, and developed other symptoms—enuresis, a stammer and destructive behaviour—shortly afterwards

Another girl of six years (IQ 122) was afraid to leave her mother, and when she had been persuaded to do so was terrified if her teacher left the room for a short time, and clung to her in the playground for several weeks. This behaviour arose shortly after a student teacher had threatened that none of the class would be allowed to go home at all that day if they did not behave better

A little boy of four years, of very enlightened and cultured parents, showed marked fear at two years of age when a dog ran towards him and made to jump up. He remained frightened of dogs. A tiny puppy was purchased when he was four to help him overcome this fear. Unfortunately the puppy developed convulsions shortly after arrival, and the maid ran into his room crying out, "The dog's having a fit" This unfortunate occurrence intensified the child's fear.

A boy of six years (IQ. 100), reputed to be fearless, who stayed out late from home, stole from shops, and once killed several chickens on an allotment, was discovered to be "very much afraid in bed at night."

A rather neurotic boy of six years (IQ *c.* 120) spoke of the following fears.—

Express trains, because "they make so much noise";

Dogs;

Cats;

The sea;

Gramophone records, "especially when they are scratched";

Certain trees—of a characteristic shape and with a special name;

Going to the toilet;

Crying.

The following is a verbatim description of one of his own drawings —

"This is a wood with a house on it, and a lot of roughness in it, and a path that goes through the woods and stops at 'squealing house.' This is my house next to the cemetery, and a road from it is called Illness Road. Along the road is a dentist's house, a hospital for fevers, an infirmary and a prison."

It is noteworthy that some children are surprisingly fearless, even though the pressure of inner conflict is known to be great at three years. A good deal will depend on the home atmosphere, and on the way in which the parents handle the child. One has also to consider the presence or absence of certain constitutional factors. Any liabilities—such as poor health, lack of bodily strength, poor intelligence or any factors making for inferiority feelings, or a marked inhibition of normal aggressiveness, or some instability of nature determined in part by hereditary factors or glandular factors—may determine the degree to which the child will react to any fear-provoking situation.

*Treatment.*—Children will normally grow out of their fears, but there are certain ways by which we can help them to grow out of them more quickly. Fears, ephemeral and often inexplicable, are a normal trait of child development. Only continued or multiple fears should be regarded as indications of inner insecurity.

*It is essential to reassure the child in general ways, and let him feel sure that his parents are trustworthy, affectionate, and competent people on whom he can rely.*

Give him rational explanations of events and things which seem strange to him.

Give him a light at night or leave the door open if he is afraid. Stay with him a little, sewing or doing some quiet job, if he has difficulty in falling asleep.

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Avoid over-stimulating his imagination with fairy tales, cinema shows or "old wives' tales."

If he is afraid of animals, later on, when he is bigger and has overcome his fear a little, give him a puppy or a kitten of his own to look after

Don't laugh at him or scold him or try to tease him out of his fears

**DIFFICULTIES IN SOCIAL ADJUSTMENT.**—Social difficulties during the pre-school years are very frequent and reach their height usually about four years. This business of "getting on with people" is a difficult one even for grown-ups, and it is especially difficult for the three- and four-year-old. Quarrels usually arise in relation to possessions or privileges, and sharing toys and taking turns are two feats which test the young child's power of adaptation to its utmost.

Difficulties in dealing with a social situation outside his family, in the Nursery School for instance, are naturally related to difficulties originally arising within the family circle itself. At the beginning the baby has his mother's exclusive attention, and usually in the case of the only child or the eldest child he reigns supreme over his own nursery and his toys. He has, however, to learn quite early in his career to share his mother's affection and care with a number of other people, notably his father, and frequently his brothers and sisters. He resents sharing both his possessions and privileges, and jealousy feelings and keen rivalry arise. This nuclear situation will have established a kind of pattern, and other adults and children will tend to reproduce it. The Nursery teacher tends to take the place of the mother and so the child seeks to gain her exclusive affection. He quickly learns that this has to be shared with a much larger family than he is used to at home. Fortunately the Nursery School teacher

is less likely to stir up so much emotional conflict, as she is less directly involved with each child, and if she is a just and affectionate kind of person she may do much to help the child to build up a good relationship with an adult outside the immediate family circle. The other children in the school will at first be regarded as rivals whose aim is to rob and plunder his own possessions—for this is the first attitude shown towards brothers and sisters. It is no wonder, therefore, that quarrels arise so frequently about toys and that sharing is at first such a superhuman task to the little child. But gradually, as I have described, the child begins to recognise the advantages of social co-operation in play activities, and the advantages of gaining allies to support him in defending his rights against rival children and even against the tyranny of grown-ups. From this essentially normal hostile phase gradually emerge a few close friendships and a general toleration, if not goodwill, towards others. Social development is an all-important phase of pre-school development, but it would be a great mistake to regard it as a simple and an easy process. It involves great powers of adaptability on the part of the child, a good deal of tactful help and a certain amount of non-interference on the part of the adult.

*Treatment.*—You cannot, of course, make friends for your children, but you can help them to build up those character traits which will make friendships more easily obtainable.

Avoid any show of favouritism within the family, or, if you are a teacher, within the school. The eldest in the family should, however, have a few privileges by virtue of his age, and the youngest or the more timid child should not be unduly shielded or over-protected.

Be rigidly just about taking turns and sharing common possessions.

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Be equally careful that the child has a place of his very own in which to keep his toys and most precious possessions. This should be sacrosanct.

See that the child has enough space and enough toys of his own.

Expect a certain amount of quarrelling and open hostility. It is usually best to allow this to be freely ventilated within limits. Try to accept it as a matter of course, and in general leave the children to settle their own quarrels, if you feel that adequate justice will be done. Occasionally interfere to make a definite ruling or prohibition, to prevent real damage or suffering to the weaker or younger, or to suggest alternative occupations. Frequently a quarrel can be avoided if it is foreseen and side-tracked.

**MASTURBATION.**—This habit is far more common than is generally recognised. It occurs in almost all children. It may be openly practised at two, less obvious at three, and common but practised in secret at five and over. With girls it usually takes the form of leaning against something, pressing the legs together or wriggling. With boys it usually consists in rubbing or handling the genital organ and often while in bed.

To some extent it arises purely out of experimentation. Just as a baby handles any part of his body, his fingers and toes, so he will handle his genitals. But very early the pleasurable significance of the habit is appreciated and it quickly becomes an emotional matter when adults appear shocked or angry about it. Masturbation is a way of obtaining self-gratification with the minimum of effort and it causes a mild excitation and genital excitement. Children turn to it when they cannot obtain satisfaction in other ways, and it is thus really indicative that



everything is not well with the child. The phantasies that accompany the practice are, however, of greater importance from the point of view of the mental hygienist. These phantasies are usually masochistic or sadistic in nature and related to the parents. Sometimes the habit represents an attempt to obtain sexual pleasure from the parents in phantasy—the child being in a position to activate and control the whole process within himself, as it were. It is thus accompanied by some guilt and anxiety feeling which in turn will be increased if the child is severely punished or threatened on account of it. Frequently children are threatened with dire results, such as impotency, insanity, ill-health and the like, and it is just these threats which are quite unjustified and which increase the child's conflict without helping him to grow out of the habit.

*Treatment.*—It is important to recognise that all children masturbate at some time or other and some more than others, and by far the best way is to ignore the habit itself.

At the same time it is important to provide the child with adequate positive outlets and satisfaction, and strains and stresses in family relationships should be examined and relieved so far as possible.

If the habit persists and appears to be absorbing a good deal of energy, psychological treatment, especially after five years, may be advisable.

It is important to stress that the habit itself is harmless and that the only immediate effects may be a slight loss of energy. A constant masturbator is, however, hardly a happy person, and attempts should be made to find the cause of the difficulty and relieve it. No lies or threats should be told about its evil consequences.

*Above all, do not increase the child's sense of guilt.*

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**SEX DIFFICULTIES.**—These are unlikely to occur during the pre-school years unless a child is victim of a sexual assault. In such a case if the child shows after-effects and is much upset, the whole matter should be discussed with him, adequate sexual information given, and reassurance and proper protection ensured. Sometimes psychological treatment is very necessary

It is, however, important that children should be given correct and simple sex information when they begin to ask about the origin of babies. This question is normally asked about three or four years of age, especially if a new baby is expected in the family. Parents are by far the best persons to impart this information and should try to explain in as matter-of-fact a manner as possible, just as they would try to explain about any other interesting phenomenon. It should not be a hush-hush affair or a sentimental or a terribly exciting secret. The child's questions should be answered in so far as they are asked—how father helps to make the baby, how mother keeps it warm inside her body and how she feeds it after it is born. Children are naturally interested in baby animals and their mothers, and they should have an opportunity of seeing baby calves and kittens and puppies, and questions will then naturally arise.

A great deal of later confusion and anxiety can in this way be avoided, and untruths and phantasies can be discredited. Of course it is useless to pretend that the subject does not have an emotional significance to the child, but an excitable, emotional parent can of course intensify feelings about the whole subject by showing much embarrassment or sentimentality, and if she feels upset about the matter, it is better for someone else to impart the information. The little child apparently has vague intuitions about sexual intercourse and has woven

many phantasies around the subject. Realistic information will greatly clarify the situation. He needs to feel that it is not something disgusting, terrifying, painful or hateful. Neurotic children are constantly anxious about this subject and will ask numerous querulous questions, but will be afraid to ask the all-important one—what does daddy do to mummy at night? How are babies made? Unfortunately it is the child who most needs the information who is usually most afraid to ask. In such cases, when the child appears nervous, anxious and inactive, when he sleeps badly and shows excessive curiosity asking numerous questions, psychological advice should be sought.

Environmental conditions and parental attitudes affect both the presence and the persistence of emotional difficulties in these years. The following two cases are perhaps unusually interesting:—

COLIN.—3 years. Colin attended a small Nursery Class attached to a modern private school. He had opportunity there for many varied activities a large garden and playroom, and an adequate supply of Nursery School apparatus and material was available. But he took very little notice of his surroundings or of the other children. He tried to monopolise the adults' attention by continual anxious chatter, and he was inactive and apathetic. He co-operated only passively in the daily routine. He was a very intelligent child, but his behaviour was more like that of a little old man than of a healthy three-year-old.

His parents were extremely rich and Colin had really much more than he wanted. He and his little sister each had a nurse and a nursery, and their lives were almost entirely separate; this was because the mother was afraid lest they became jealous of each other. The mother had married twice and the child of her first marriage had died in a rather tragic accident. As a compensation she surrounded Colin with excessive loving care, and she was so anxious about his health that she virtually

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turned a fairly healthy child into a neurotic little boy by the time he was three years old.

TEDDY.—5 years. Teddy was sent to a Child Guidance Clinic by his teacher when he first attended school. He was proving difficult to manage, and was sometimes very excitable.

The boy had an unusual history. Pregnancy and birth were normal. He was breast-fed and weaned easily at nine months. He was clean at one year and had never suffered from enuresis. He was a healthy baby, but at four months was circumcised and the wound became septic. He had a series of minor illnesses, *e.g.*, laryngitis, catarrh, etc, and became rather thin. He had a rupture at three years, and the day before this was to be operated upon he fell, hurt his head and burst a blood vessel. Six months after this he had an operation for a brain tumour in the nature of a melanotic sarcoma and his left eye was removed. He was very nervous and excitable for some time after this, waking at night and screaming. He suffered a good deal of pain for a time.

Subsequently he was the victim of an unfortunate accident. A boy threw a brick at him in a temper. His good eye was slightly cut and bruised, but on examination the eyesight was found to be unimpaired. He had a further set-back after this. He was quite hysterical for a while, developing bad diarrhoea and being unable to eat or sleep. He was very easily frightened by any noise such as the electric cleaner, and was afraid to go out to play.

Clearly by the age of five this little boy had undergone experiences which may be termed seriously traumatic. One had to consider not only the physical handicap, and the various perceptual difficulties the boy would experience in judging size, distance, etc, and certain difficulties in learning, but also the psychological effects. He was likely to be fearful and suspicious of other people, and probably these feelings were shown in the excitable behaviour reported. One had to be on the look-out also for disturbing phantasies related to anxiety about attacking parents and possibly an unconscious fear of castration—visual potency being related in the unconscious to sexual potency. Possibly the sleep disturbances were due to such unconscious fears.

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Fortunately the boy was of average intelligence (I.Q. 98) and very independent and interested in everything. The parents were steady, sensible people, and handled him very wisely, encouraging him to play like other children; and though not over-protecting him, were watchful to prevent him from being over-stimulated. School attendance and treatment in the clinic helped him considerably, and provided he does not receive further shocks, and provided his other eye is not affected in any way, he should progress and become to a considerable extent a normal, healthy boy.

This case illustrates how apparently damaging experiences can be prevented from causing too serious effects by a good home environment and early detection and treatment.

As teachers and as parents we should not be afraid to recognise the presence of emotional difficulties in little children. It should help us to know that they are almost universal, and that even in the most outwardly perfect home, tantrums, night fears, food fads and the like are very common. It is worth while to try to discover by a little thought and study a few simple ways in which we can help the pre-school child to pass through this rather stormy period into the comparative calm of the early school years. Life to the under five may be rather a battle sometimes, but it is a glorious one; it may be rather a puzzle too, but it is an interesting one; and though a strenuous journey, it is in many respects a most enjoyable one.

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#### CHAPTER IV

### THE MIDDLE YEARS OF CHILDHOOD

THE five-year-old, who sets off to school with his satchel and his clean handkerchief, inordinately proud of himself and immensely scornful of his sissy brothers and sisters who are too young to come with him, has reached an important milestone on life's journey. He is now far less dependent on grown-ups; he is more stable and less disturbed by emotional conflict; and he is more reasonable and more impersonal in his approach to the world than in the pre-school years. If development has proceeded normally, his father assumes important proportions in his eyes, and it is now that the opinion of "his fellows" counts in his mind.

It is best to think of the middle years of childhood as divided into two stages—(1) 5 to 7 years and (2) 8 to 11 years. The first period roughly corresponds to the years spent in the infant department and the second to the years spent in the junior and senior departments of an ordinary elementary school. The first period really represents a bridge between the nursery years and the school years proper. Many educators think that it would be more appropriate to consider the period from 3 to 7 years educationally as a whole, to construct premises of the Nursery School type, and to adopt a curriculum which would put the emphasis on free play and free activities—handwork, rhythm work and project work—as well as including the more conventional beginning of the three Rs. From cases which are referred to Child Guidance

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Clinics it is clear that first experiences of school are important and that difficulty is frequently experienced by the five-year-old. By the means of such a reorganisation difficulties might be avoided, and a happier attitude to learning be established early.

From 7 to 11 years it is legitimate to introduce more formal teaching methods and to concentrate on drill subjects as a preparation to the wider intellectual development which takes place in early adolescence, when there normally arises a great increase in interests and a desire to specialise.

Following the pattern of previous chapters I want first to treat of the normal intellectual, social, and emotional growth which takes place during the middle years of childhood, and then to discuss the normal difficulties of the period. These difficulties may be conveniently classified as follows:—(1) backwardness and intellectual difficulties; (2) social, behaviour, and delinquent problems; (3) anxiety conditions and habit disorders. A subsequent chapter will deal with these topics at some length.

**INTELLECTUAL GROWTH.**—Although a young teacher, presented with a class of five-year-olds, may think in her innocence that she can treat them all alike, she will quickly discover that although they may all be five or “five past” on the register, their mental ages may vary from perhaps three to seven and their temperaments may differ to the same extent as their looks! In this brief summary I shall for the time being gloss over individual differences and be so bold as to talk of the general characteristics of mental growth of this period; later I will discuss the very important topic of individual differences.

1. *There is an increase in powers of abstract reasoning.*—During this period there is a gradual growth of



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abstract reasoning powers, but the following out of an abstract argument when verbally expressed is generally not possible to any extent before six years. As Isaacs<sup>1</sup> says: "Manipulative solution of problems remains the characteristic mode of intelligence up to the middle years of childhood." Reasoning tends at first to be practical and sense-tied and consists primarily in the development of a solution to fit an immediate practical problem, *e.g.*, how to fit bricks into a box.

Mental tests provide a good deal of evidence of the nature of the intellectual ability of children.

Tests for young children are most satisfactory if they are in the nature of performance tests, *e.g.*, concrete problems such as matching colours or shapes, counting objects, saying what is left out of a picture, etc., but tests gradually become more verbal and more abstract for older ages.

The different ways by which children define words at different age levels are interesting in this connection. They show the gradual development from understanding the particular to understanding the more general concept.

At 6 years words are defined in terms of use:—

A table—"to eat off."

A doll—"to play with." etc

At 8 years words are defined in terms of class —

A soldier—"a man who shoots."

A football—"a ball you kick."

At 13 years abstract words such as pity, envy, revenge are correctly defined.

The differential reaction of children to pictures is interesting.

First stage the child names objects in the picture.

Second stage, the child describes objects seen.

Third stage, the child interprets events in the picture.

There are many other examples that might be quoted,

<sup>1</sup> Isaacs, S., "The Psychological Aspects of Child Development," p. 28, Section II, *Year Book of Education*, 1935.

but the student should refer to the actual test material used, for instance in the Terman-Merrill scale.<sup>1</sup>

Piaget<sup>2</sup> distinguishes two definite stages in child-thinking before real logical thinking is achieved.

1. All explanations of causality are magical, arbitrary and dependent on human whims and wishes.

2. All explanations of causality are artificial, animistic and dynamic, *i.e.*, things have a power of their own to change themselves, or be active, or man caused these changes.

True logical explanations are gradually reached as the child's experience grows, *e.g.*, the child discovers that china is brittle—that if it falls on the floor it will break; that the wind is not "God's breath" but movements of currents of air; and so on.

There has been a great deal of stimulating discussion and argument in relation to Piaget's theories which would be impossible to outline in such a book as this. It seems clear from the evidence provided by the work of Hazlitt,<sup>3</sup> Mead<sup>4</sup> and Isaacs<sup>5</sup> that no very marked stages of thinking exist, but that overlapping occurs, that a magical type of thinking can coexist with logical thinking, that adults are quite capable of the former as well as the latter, and that young children are quite capable of logical thinking if expressed in terms familiar to them. Animistic and magical thinking are certainly characteristic of the very young child. One has to bear in mind Freud's theory of the child's belief in the potency of his own wishes. The child believes so firmly in his unconscious mind that his very wishes have power to harm his parents and that he is largely responsible for any illness they may suffer. I have met a few cases where this was very clearly evident.

There are perhaps two other main characteristics of intellectual development of this period.

<sup>1</sup> Terman, L. M., and Merrill, M. A., *Measuring of Intelligence*. Harrap, 1937.

<sup>2</sup> *Loc. cit.*, p. 40.

<sup>3</sup>, <sup>4</sup> and <sup>5</sup> *Loc. cit.*, p. 41.

2. *The power of imitation lessens.*—In general, there is less blind imitation of adults and more initiative and rebellion. Children, however, tend to be rather conventional during the school years and copy each other in dress, speech and tastes to a high degree.

3. *The scope of attention widens.*—The memory span increases and a greater number of separate items can be attended to at the same time. The child will attend to any one thing for a longer period. This is one reason why abstract reasoning develops during this period. It is also partly due to the fact that the school child is more objective, and his emotional conflicts are less insistent.

PRACTICAL APPLICATIONS.—The above considerations have some important practical applications. Work in the infant's department should be based largely on the child's senses and be presented in concrete terms. Visual, auditory, and tactual aids are valuable in clarifying the child's perceptions, and in increasing what is known as "apperceptive masses" — in short, a linking of ideas around a particular subject. It helps a child in learning to read, for instance, to see a word, to match it to a picture, to match it to a similar word, to say it, to act it perhaps, and also to write it. All these activities connected with a single word will help to fix it in the child's mind.

Children are essentially active individuals and "learning by doing" is an important axiom. Dramatic activity, free movement in the class-room, handling of models, etc., helps to sustain interest and attention. Project work or centres of interest are of course widely used as teaching methods with young children nowadays, and such subjects as a shop, a post office, a farm, a zoo, a Noah's ark, and an Indian wigwam, can, if intelligently handled, provide a basis for reading, writing, arithmetic,

handwork, and oral composition, and hold the child's interest for the best part of a term. As the child grows older, drill in teaching is more permissible. The eight- or nine-year-old is beginning to be interested in learning for learning's sake, and more interest is shown in the technique and mechanics of a subject than before. For instance, actual phonetic drill in reading may supersede the sentence method, and arithmetic, once processes have been thoroughly understood through teaching by concrete methods, may be taught in a more abstract way. But throughout the junior and senior departments all children need opportunity for free composition, both oral and written, free drawing and dramatic activities as well as games and athletics. Too many teachers stress the intellectual at the expense of the emotional development of the child

**SOCIAL AND EMOTIONAL DEVELOPMENT.**—During the early school years—the primary school period—social and emotional growth proceeds steadily and is marked by fewer storms and stresses than during the pre-school years. Emotional control before five years of age is relatively weak, and the child's defences against inner stresses are easily broken down. At the earlier period too, making friends is rather an experimental and short-lived matter and fraught with many quarrels and disagreements. In both these respects the school child finds less difficulty. The following characteristics are perhaps the most important of the primary school period.

1. *There is less emotional intensity.*—The early violent feelings, though still existent, are more controlled, repressed or diffused. The child has learnt to deal more adequately with internal tension, and has normally made a fair adjustment to external conditions. His conflict of

feeling in relation to his parents has somewhat abated, and his world of adults has widened, resulting in a broader diffusion of feeling. He has learnt, too, to accept a fair degree of frustration, to tolerate disappointments more willingly, and to seek satisfactions where there is a fair chance of them being obtained.

2. *There is less dependence on his parents.*—The child has now a greater degree of security than hitherto. He has increased knowledge, increased skill, and is more able to satisfy his own needs. He has consequently become more independent, and he shows impatience or even frank dislike of over-demonstrative advances. He glories in his school cap and satchel, and will exhibit with great pride his first bruise obtained in a stand-up fight in the playground.

3. *There is greater reserve and more open hostility towards adults.*—Particularly after seven years of age a child is less willing to confide so freely in adults. To his mind there are some matters which can only be discussed properly with contemporaries because "grown-ups simply wouldn't understand." This is a phase of the weaning process which parents find difficult to accept tolerantly, but it is a very necessary phase. Really naughty and rebellious behaviour also occurs frequently during this period. This differs in form from the temper tantrums of the two-year-old, but in essence it is the same—a type of rebellion against the tyranny of adults arising from feelings of hostility, inadequacy, and guilt, which are mainly unconscious. Frequently this hostility is expressed in a group form, as a class against the teacher, or as a gang against the police authorities, for the child gains support from his fellows. The policeman and the teacher serve very much the same function to the school child as the controlling parent did to the pre-school child,

and in fact may be termed parent substitutes. Difficult parent-child relationships arising from early childhood tend to persist and extend into school life. A certain degree of hostility openly expressed is to be expected during the middle years of childhood, but if it mars all relationships with adults, interferes with school progress, and results in various forms of delinquency it may be termed excessive or abnormal and further investigation is needed. The subject of delinquency and anti-social behaviour in general will be discussed fully later. There is considerable evidence to show that seven or eight years is frequently the age at which children embark on a delinquent career.

4. *There is greater sociability with other children than hitherto.*—Social behaviour loses its transient, fluctuating character. Close friendships, inseparable chums or pals are a familiar feature of early school days, and a real intimacy and much stimulating interchange of ideas may occur. Friendships formed outside the immediate family circle are important for satisfactory emotional development. Although jealousy and hostility will frequently arise, it is unlikely to be so intense as between brothers and sisters, and once again diffusion of feeling takes place. This period is still a learning period for social development. Moreover, rival gangs, and frequently boys' versus girls' gangs, serve at this period to relieve hostile feelings in the same way, though on a larger scale, as did the small groups of the pre-school years. Social behaviour during the middle school years is, however, not so advanced as during adolescence, and the social groups are smaller and more fickle

Competition and rivalry, whether in work or in play, are normal phases of school life, but a wise teacher will not use them as a means to encourage school prowess to

any extent. Not all the competitors may be equally qualified, and quite an unjust sense of failure or discouragement may result in the less competent. It is far better to encourage children to try to beat their *own*, rather than each other's records, but it is impossible, and not altogether desirable to prevent some form of rivalry.

The peak of the *gang age* is usually put at eleven years, and it is not a mere coincidence that this corresponds with the peak of the delinquent period. But children find strength in alliance and gain as well as lose from their excessive *esprit de corps*. They may for a time become slavishly imitative of each other, somewhat unfriendly to other children and to adults, and they may get into a good deal of mischief, but within the small gang social development proceeds apace. There often exists a stern sense of loyalty and fair play; the gang may have the rudiments of quite a good ethical code, and be capable of real self-sacrifice from the highest motives. This type of behaviour may be the forerunner of the more advanced social behaviour of the adolescent. This aspect of social development, of course, usually receives some stimulus from teachers and parents alike, but even without adult stimulus young children can achieve a good deal on their own initiative. They may start elaborate plays such as a log-book or a newspaper, develop a secret language and a code, and think out elaborate rituals and initiation ceremonies quite comparable to those of primitive communities. They are quite capable also of being thoroughly unkind to an unpopular child outside the gang, and I think in schools where children are given a great deal of freedom, and responsibility, somewhat in advance of their years, there is a danger that the younger, weaker or less attractive child will suffer at the hands of the older and stronger. Adults, if they use their powers

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with tact, can to some extent prevent this happening

Such movements as the Scouts and Guides, and all types of clubs and youth movements which become popular towards the end of the primary school period, fulfill very real psychological needs, and, given wise leadership, may assist the developing boy or girl considerably. Leaders assume a greater importance during early adolescence than during the early school years when the child likes to be a law unto himself. But real affection and trust may be felt towards teachers or other important adults and they may influence the child's development in a very satisfactory way. Although seven- eight- nine- and ten-year olds are proverbially critical of grown-ups, genuine respect and admiration may be felt for them if they show themselves worthy of it. Children like the kind of grown-ups who do, and talk about, interesting things, who do not talk down to them but who show a real interest in childish affairs, and who do not interfere, or nag or scold continually. Over-attachments to adults also arise, usually a continuance of over-dependence on parents; but these are more common during adolescence.

5. *Sex differentiations are marked.*—Between the ages of seven and eleven, children usually make friends more easily with those of the same sex as themselves, and they are frequently very critical of children of the opposite sex. To some extent this seems due to common interests and abilities. Girls enjoy the following activities especially:—

Family and school play.

Rhythmic activities

Dramatic activities.

All forms of decorating and designing

Games of chance and skill.

Girls are usually considered to be more conventional and



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imitative in their play activities than boys. Their reading interests differ in some respects to boys.

7 years—Animal stories and fairy stories are very popular.

Fairy stories usually lose their interest about 9 years.

9-11 years—Myths and legends,

Heroic and mystery stories;

School stories—are all much in demand.

Boys prefer the following activities:—

Carpentry.

All types of constructive activity, such as Meccano

Amateur types of engineering and scientific activities.

Games of speed and of strife.

In one investigation, running was found to constitute fifty per cent. of boys' games, but only five per cent. of girls'

Boys of seven enjoy animal stories, particularly very realistic stories about farm animals or wild animals. Their interest in fairy stories is shortlived, and usually does not last beyond eight years. From nine to eleven their tastes are rather similar to those of girls in that they enjoy myths and legends, heroic, mystery and adventure stories, and tales about school; but these should be about boys rather than girls. They are inclined to show a greater interest in scientific books and books about various practical hobbies than girls.

There is considerable difference in ability. Girls, for instance, are usually better at English subjects than boys, and can express themselves more adequately. They tend to learn foreign languages more easily than boys. Boys frequently show greater interest and skill in arithmetical subjects and in science than girls. Exceptions occur, of course, and this divergence of interest and ability may

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to some extent be due to convention and tradition. Some girls are regular tomboys, and, especially if they are brought up in a family of brothers, find many common interests with them. Children differ very much in temperament and there are plenty of boys who prefer even less boisterous games than girls, especially the more intelligent, thoughtful type of boy.

Co-education for children of the primary school age is valuable if it is cognisant of the differences in interests and abilities of boys and girls, just as allowance has to be made for general differences in ability within the class itself. Children gain from contact with different types of personality, the feminine and the masculine; and the divergence of masculine and feminine interests tends to enrich school life and prevent too stereotyped a form of development. Excessive competition between boys and girls should, of course, be avoided, and too much insistence on the protection of girls' interests at the expense of boys' is unfortunate. Reciprocity, give and take, and the understanding of another's point of view are valuable lessons for both boys and girls. In my own school, a large, modern co-educational school, mutual aid was the order of the day.

Another well-known interest of both boys and girls during the middle years of childhood is that of *collecting* and hoarding. Sometimes this interest constitutes a passing phase, while sometimes it persists or revives and may be the foundation of an adolescent or even an adult hobby. Very young children usually collect almost anything—perhaps mainly to boast ownership or for some secret or phantasy purpose best known to themselves. Later the collections have a more pragmatic aim—silver paper, conkers, marbles, cigarette cards, are in their turn superseded by more ambitious ideas—picture postcards,

stamps, autographs, butterflies or wild flowers. This interest in collecting is usually encouraged by the more modern type of school. When teaching centres round some such topic as harvesting, transport, dress, domestic architecture and the like, children will delight in collecting news items, newspaper photographs and actual specimens for their classrooms. Some form of museum for models and specimens is really as much of a necessity as a library in a modern school.

PLAY.—Sufficient has perhaps been said in the foregoing to indicate the most common play interests during this period, and the student will find the references at the end of this chapter helpful in selecting further reading matter.

A word may be said about organised and unorganised games, however, and about play material.

Organised games are a common feature of this period. A great deal can be gained from simple rhythmic games, all kinds of ball games, and from athletics, if taught by a competent and enthusiastic teacher. When left alone children tend to organise themselves for the sake of a game, but disagreement about rules and turns and teams is very frequent, and a good teacher or club leader is a real asset in ensuring fair play and even enabling the game to take place at all.

The value of unorganised play at this stage is not so generally recognised. My experience has shown me the importance of quite unorganised play for children, when, if given adequate material and opportunity, they may suit their play to their mood, and either choose their own companions or even play alone. In clinical work with children of school age, treatment may take the form of this type of play therapy. No attempt is made

to organise games directly. The group is always kept small—not more than about a dozen or so children attending at a time. Some suggestions in regard to games, such as ping-pong, draughts, darts and the like, are made, and frequently an adult plays with a child if he seems at a loss. Opportunity for all forms of constructive and creative activity is given—sand play, clay-modelling, painting, drawing, needlework, carpentry, puppet-making and dressing up. The children find the material which suits them, and ask for help when they need it. The lead is given by the children, and the adults simply assist in helping them to express their ideas. The purpose of such work in a clinic is, of course, therapeutic, and is provided for those children who are abnormally aggressive, or over-inhibited, or handicapped by some symptom, as a stammer or a tic, from normal and easy intercourse with other children. Such children are usually quite incapable of adapting to an ordinary club. They are found to gain in self-confidence, in sociability and in emotional stability from this type of treatment. Parents and teachers would do well if they made sure that the school child had both the materials and the opportunity for such play activity, as well as encouraging the pursuit of more organised play at other times. Modern play centres fulfil this need to some extent.

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## CHAPTER V

### DIFFICULTIES DURING THE MIDDLE YEARS OF CHILDHOOD

**T**HERE are certain difficulties of development which are particularly characteristic of this period. They may be classified in the following way:—

- (1) Backwardness and educational difficulties.
- (2) Delinquency and anti-social behaviour.
- (3) Anxiety conditions and habit disorders.

A separate section will be devoted to each class of difficulty.

Difficulties are to be expected during this period, but they are not usually so marked nor so numerous as during the pre-school years or during adolescence. It has been estimated that about 5 per cent. of the normal school population suffer from behaviour difficulties or emotional disorders which are sufficiently serious to merit psychological investigation and treatment. In general, the period from 6-11 years is one of comparative stability and real intellectual advancement is achieved, unembarrassed by emotional difficulties. Emotional conflicts are not, however, solved during this period; they are only shelved, and the real test of personality development will come at adolescence. If these comparatively mild signs of personality disturbance can be detected and treated psychologically during the early school years, much later neurotic and delinquent developments may be prevented.

### (I) BACKWARDNESS

It takes all sorts to make a world—the good, the bad and indifferent, the clever and the stupid, and the just ordinary folk. Some children are good with their heads and some with their hands. Some can spell and some can do sums, some can sing well and some can run fast. No two children are alike, and it is essential for the teacher to recognise their many differences.

The majority of the children in a class are of average ability and make fair progress. A certain number are exceptionally intelligent and are always to be found at the top of the class. A certain number are classified as dull and backward—about 10 per cent to 15 per cent. of the normal school population

The dull child is dull by virtue of his poor mental inheritance. It is important to recognise his degree of dullness, to assess his mental age and so plan a curriculum that suits him and ensures that his needs are satisfied. Mentally he shows poor foresight and poor self-criticism. His span of attention is limited and he is easily distracted. He needs quick results, and results that he can see. Long verbal explanations are useless as a teaching method. Pictures, models, specimens are needed. Opportunity for practical work and experimental work and for dramatic and rhythmic activities is essential. Visual aids and kin-aesthetic experiences assist a dull child, while a bright child does not need these to the same extent. The teacher will need to make adequate provision for the "C" pupil within the class structure; he needs individual apparatus and self-teaching material; he can join in many general class activities—games, drill, singing, dancing, dramatic work and the like—but the three R's may be taught at a different pace and in a different manner.

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The backward child or the retarded child may be so because of poor general intelligence, but there are other causes of backwardness. They may be summarised as follows:—intellectual and perceptual, physical, environmental or emotional.

INTELLECTUAL AND PERCEPTUAL CAUSES OF BACKWARDNESS.—Besides poor general intelligence, which accounts for 10 per cent. to 15 per cent. of the general school population, there are certain less well-known causes. It is now generally recognised that some children have some *deficiency in visual perception*. This is quite distinct from weakness in visual acuity, although in some cases poor perceptual habits may remain even after the visual defect has been corrected by glasses. Backward readers have very frequently some general weakness in visual perception. Frank<sup>1</sup> describes it as immaturity of perception. It shows itself as weakness in discriminating between visual patterns of words, especially those of similar structure, such as for/from, shop/stop, and also a weakness in perceiving the orientation and letter sequence of words; and so there is a marked tendency to reverse small words, *e.g.*, on/no, was/saw, to transpose letters and syllables and to confuse similar letters such as p and q, b and d, n and u, and m and w. Such mistakes are very common with children who are just learning to read, but when they persist at 7, 8 and 9 years some weakness in visual perception may be suspected. There are quite clear remedial methods which may be successfully employed with these children, such as choosing reading material which is not over-phonetic and which contains long contrasting word patterns together with the more easily confused two and three letter words, and by encouraging the

<sup>1</sup> Frank, H., "A Comparative Study of Children who are Backward in Reading and Beginners in the Infant School," *Brit. Journ. of Ed. Psych.*, Vol V, Pt I. Feb. 1935.



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children to write what they read, as the manual cue impresses the letter sequences on their minds.

A deficiency in visual memory is found among poor readers also, but not so commonly. In such cases auditory memory is usually good, and phonetic methods may be successfully employed. Auditory imperception, or a weakness in discriminating between words that sound alike, such as swing and swim, sheep and cheap, is also found, and will affect both reading and spelling. Visual methods of teaching are most helpful in such cases.

### CASE STUDY I

IRENE.—Chronological age, 8 years 4 months IQ, 82  
Reading age, 6½ years Spelling age, just below 7 years  
Arithmetic age, 7½ years

*Personality.*—Shy and timid. Afraid of the dark, and of wearing her gas mask Confused when working in the class Friendly and sociable but easily led

Irene was making little or no progress in school and was becoming more and more discouraged She was given individual help twice a week in English and Arithmetic She responded immediately to personal interest and encouragement. Her attendance was excellent, she gradually improved in school work, and she was able to hold her own with the "C" division of her age group She tended to depend on the special help she was given a good deal

This case illustrates backwardness due to poor mental ability and shows the emotional attitude superimposed.

PHYSICAL CAUSES OF BACKWARDNESS.—The effect of poor health on school progress is too obvious and too well recognised to need more than a brief reference. General poor health with poor nutrition and poor resistance to infectious complaints means lethargy and inattention in school, and frequent absences from school Absences are likely to affect arithmetical progress most severely, as the child may miss the demonstration of an

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important step and thus fails to understand subsequent work. As well as infectious complaints especially common between 5 and 7 years, recurrent catarrh, tonsils and adenoidal conditions affect general health and also hearing and speech. Rheumatic conditions may cause cardiac complications and restrict the child's enjoyment of active games. Chorea, more commonly known as St. Vitus' Dance, will affect the child's handwriting and all activities requiring fine motor-coordination, but when the illness is at all serious the child should be excluded from school.

Sensory defects of sight or hearing need to be detected early, of course, and remedied as soon as possible.

Left-handedness may conveniently be considered under this heading. If carefully handled, this should not constitute a serious handicap. *If the child is dominantly left-handed he should be allowed to use this hand freely.* There is some evidence that left-handed children find greater difficulty in reading and spelling than right-handed children because, as the natural movement of the left hand is from the centre of the body towards the left, the child will tend to write mirror-wise and possibly read and spell backwards unless corrected and taught the correct movements. Further evidence shows that eye dominance is important in this connection also, and that children with left eye dominance tend to observe words in the reverse order. Difficulties occur most frequently when orientation is confused by left-handedness and right-eyedness—a condition known as *crossed laterality*—but with careful remedial exercises no one of these conditions need constitute a handicap.

### CASE STUDY II

PEGGY.—Chronological age, 7 years 2 months. I.Q., 86

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Reading age, below 6 years

*Personality.*—Rather immature and a little slow in her general approach to difficulties. Rather shy but made friends at school easily. Tended to commercialise her physical disability to some extent.

*History.*—Had spent 5 years in a sanatorium because she had dislocated her right shoulder and TB was suspected. Myelitis had attacked the bone, and she had to have her arm in plaster for a long time. While in the sanatorium she had had no teaching at all.

Special help was given her, but at first she showed little interest and progress was very slow. Various play devices were introduced and her work was related to some centre of interest. Very simple books were read to her, and gradually her attitude changed. After a term's special help she was promoted to part-time work with children of her own age-group, and progress continued. Her writing also improved as her shoulder joint became more flexible.

In this case long absence, a physical disability and rather poor mental ability were all factors causing the backwardness.

**EMOTIONAL CAUSES OF BACKWARDNESS.**—There are a number of emotional factors which prevent healthy and intelligent children from doing justice to themselves at school.

Timid or anxious children find difficulty in facing new situations and new problems. Their timidity may be due to constitutional factors; their anxieties may be due to underlying emotional conflicts, but whatever the cause, school is a frightening place, the teacher a taskmaster, not an assistant or a guide, and spelling and arithmetical problems a source of worry. The child fails in school because he is worried, he doesn't listen carefully because he is immersed in his own problems, he doesn't understand because he is too anxious, and then he worries because he fails; and so it is a vicious circle. Some children make themselves ill with worry; all kinds of anxiety

## DIFFICULTIES DURING THE MIDDLE YEARS

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or hysterical symptoms may develop. Illness may be commercialised to avoid the trials and tribulations of school. Some children truant because they cannot do their lessons; others take refuge in day-dreaming and are content to slip down to the bottom of the class.

There are many factors in the home which prejudice a good emotional adjustment to school. The parent-child relationship is, of course, the forerunner of the teacher-pupil relationship. If it is unsatisfactory in the nursery it is not likely to be satisfactory in the classroom. If there is an unhappy relationship, a lack of trust, and a deal of misunderstanding in the home, it will be all the more difficult for the teacher to win the trust and the co-operation of the child.

Sometimes, too, the child is ill prepared for school. He has not been taught to stand on his feet, to be independent, to take a few knocks or to think for himself. At school all these things are expected of him. If he has been over-protected and has led too sheltered a life, he is going to find the early weeks at school like a rather rigorous cold bath. School is a rough and ready way of helping him to find his own feet—it is a pity that he has not been better prepared by his mother.

Sometimes the parents expect too much of the child. They are over-critical and over-ambitious. Perhaps their own frustrated hopes are centred in the child. The child feels anxious lest he fail; examinations become a nightmare; and the standard he sets himself becomes an impossible one. It is essential that a child be allowed to work at his natural pace, according to his mental age rather than his chronological age.

Sometimes one child is compared unfavourably with another and a child with just average ability is expected to reach the standard of a really brilliant sister or brother

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This will mean either that he will strain to do what is beyond his powers, or, feeling resentful and aggrieved, will give up trying and fail to do work which should be well within his capacity.

There are many factors, too, in the school which will help or hinder the child. He may receive insufficient attention or the opposite — too much pressure. The teacher may fail to understand him, may take a dislike to him and he may reciprocate the feeling. He may have suffered from many changes of school, and different methods or even inefficient methods of teaching. He may be placed in too high a class, or too low a class, and the work be too difficult or too easy for him. It is therefore essential to obtain some estimate of his mental ability if intelligent class placement is to be achieved and the most appropriate teaching methods selected.

### CASE STUDIES III AND IV

SYLVIA.—Chronological age, 7 years 2 months I Q, 126  
Reading age, below 6 years Spelling age, well below 7 years

*History.*—Sylvia's father had died very suddenly when she was three years old, and her grandfather when she was 6 years old. She was very upset by both these events. She was a delicate child and always considered nervous and anxious. Economic circumstances were unfavourable.

Her anxiety symptoms were increased by the war. She was frightened by air raids, and usually refused to go to school after one.

General reassurance was given to both her and her mother. Gradually her fears about the war cleared up and she attended school happily. She responded very well to individual help with Reading and Spelling and made rapid progress particularly with Reading. A contact was maintained with her for some time because of her need for personal encouragement and reassurance.

In this case the backwardness was only slight, and due entirely to anxiety and to some absence caused by ill health.

## DIFFICULTIES DURING THE MIDDLE YEARS

The school backwardness was only one symptom of an underlying anxiety condition caused by the early death of her father.

JEAN.—5 years. IQ, 83

*Personality.*—A little smug and prim. Rather quarrelsome and frequently difficult at home. Wet her bed continually. Was subject to dizzy turns, a possible mild form of epilepsy, but largely psychogenetic in type. Disliked school and tended to commercialise any form of illness.

A transfer was made to a school where such a high standard would not be expected of her. The teacher was very helpful and sympathetic and there was no difficulty in getting her to attend school. She was given some special help with Arithmetic, and she improved very quickly. The dizzy turns decreased in number, and the enuresis cleared up. Later when twins were born into the family and there was some return of symptoms, but this was short lived and progress has continued.

The cause of the difficulty here was largely emotional; but the possible presence of a physical factor had to be borne in mind. The general backwardness also was a handicapping factor.

REMEDIES.—We want, then, to organise our schools and construct our curriculum in order to avoid school failures. We want to prevent the two most common personality types to be found among school failures: (1) the resistive, negativistic child who does not want to learn, who feels in opposition to anyone in authority and frequently becomes delinquent, and (2) the child who feels inferior and inadequate, is unable to face difficulties or compete with rivals, and frequently develops anxiety symptoms.

There are certain general rules that should be followed and certain reforms that are long overdue.

(1) Smaller classes and more teachers.

(2) Careful grading within the class and within the school, which means "A," "B" and "C" divisions, and the careful organisation of special classes and opportunity classes within the school.

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(3) Much opportunity for individual work with self-corrective material, and carefully selected assignments to suit individual needs.

(4) A curriculum which provides ample time and opportunities for creative work, handwork, drawing, dramatic work, rhythmic work and the like, as well as intelligent inter-correlation of the tool subjects, reading writing and arithmetic

(5) Premises which allow for free movement within the class-room and the maximum of fresh air and sunshine and playground facilities.

(6) Remedial teaching methods for those children who require it on account of general backwardness or special difficulties.

REMEDIAL TEACHING METHODS. — Child Guidance Clinics have for many years now specialised in teaching children who for one reason or another are failing to make progress in school.

The principles of remedial teaching are the following:

(1) To allow the child to work at a pace and with material suited to his mental age.

(2) To help him to achieve some success early and so stamp in a feeling of self-confidence

(3) To study his special difficulties and find remedial methods to overcome these difficulties.

(4) To continue special teaching until his attitude to work has improved, and until he has reached his mental age level.

ARITHMETIC.—In Arithmetic, in almost all cases, a great deal of practical work with all sorts of concrete material is undertaken in order to build up a real understanding of number concepts. Beads, sticks or counters should be used freely until the child really shows that

## DIFFICULTIES DURING THE MIDDLE YEARS

he is able to work accurately without them. Practical material should be used to demonstrate all new processes—to introduce money sums and weights and measures—and many practical exercises should be given before any attempt is made to do sums on paper.

The multiplication tables should be built up one at a time and reference made to them frequently when working multiplication and division sums. (The following order of learning tables has been found useful by several teachers:—2 X, 4 X, 10 X, 5 X, 3 X, 6 X, 11 X, 7 X, 8 X, 9 X, 12 X.) Frequent revision of number facts and of early numerical processes should be made, and numbers outside the child's grasp should not be handled.

All kinds of number games can be used with advantage—the list at the end of the chapter will prove suggestive and teachers can make up much of their own material.

Much arithmetical work can be related to projects or centres of interest such as a shop, or a post-office, and the giving of change, making up of bills and price lists, etc., should be encouraged.

Many children are frightened about arithmetic, and very early get the idea that they cannot master this subject. A great deal of remedial work consists in overcoming this attitude and building up confidence and stimulating interest. The way in which the subject is taught and the stimulus that praise and encouragement provide are important in removing arithmetical disabilities.

"No number sense" is a phrase frequently used by exasperated headmasters. All it really means is a limited degree of intelligence and so a limited conception of abstract ideas, or a lack of interest, attentiveness and concentration, or a faulty emotional attitude towards the subject which paralyses accurate logical thinking. Poor



eyesight, hearing, or generally poor health will, of course, affect progress in this subject to some extent.

READING.—Reading disabilities are very common among both boys and girls. Sometimes they are the result of (a) some *sensory* deficiency—visual or auditory, (b) some *perceptual* deficiency—visual or auditory imperception, (c) poor visual or auditory *imagery*, (d) poor linguistic ability, or (e) left-handedness. Occasional cases of *congenital word-blindness* are reported in medical literature. Sometimes the disability is entirely due to emotional factors—a faulty attitude to learning having been acquired early and a sense of failure having been keenly experienced.

The following suggestions comprise the methods I have found most helpful for poor readers:—

(1) Name cards for objects in the room, for toys, for people or well-known streets, and for pictures.

(2) Command cards—suggesting an action or interpreting a picture.

(3) Short sentences attached to pictures. Matching the sentences should be followed by reading and writing the sentences.

(4) Very simple books, based largely on the sentence method, including familiar words and phrases containing long and short words, or nursery rhyme material may be useful as a beginning.

(5) As soon as a single book has been read through with help, phonic training can commence—similar vowel sounds (cat, hat, etc.), similar consonant sounds (ball, baby, etc.), double letters (book, cook; feet, feel, etc.), common diphthongs and diagraph combinations, and so on. Reading and writing should be closely correlated. Sight and sound and movement should be all connected with the same word. Kinaesthetic memory is an im-

portant aid to the poor visualiser or the child with poor auditory imagery.

(6) Silent reading and comprehension exercises should be started early so that the child learns to read for the sense and not just mechanically. Completing sentences, stating whether one of two sentences is true or false, right or wrong, etc., attaching the right sentence to the right picture, answering simple questions—such methods should be used to supplement most reading material.

Books should be fairly short, well illustrated, containing matter of real interest to a child and sufficiently difficult to stimulate but not to discourage.

The list of remedial reading material at the end of this section should be of assistance to teachers of backward readers.

**SPELLING.**—As the English language is proverbially non-phonetic, spelling is best taught by visual methods. The simplest way of teaching it is that described so fully by Schonell.<sup>1</sup> Words containing similar sounds—such as: will, fill, kill: spoon, moon, soon: tea, teach, teacher: before, below, belong: nation, station, examination: knee, kneel, knock: write, wrote, wrist, etc.—are presented together and learned together. The child always learns little groups of words that are related in some way so that he always has some association connected with them. Then, too, all kinds of amusing spelling games—lexicon, crosswords, kan-u-go, word-making and word-taking, and the like—are enjoyed by the child and make spelling “good fun” instead of just drudgery. Good spelling is the result of careful learning and a good

<sup>1</sup> Schonell, F. J., *Essentials in Teaching and Testing Spelling*, Macmillan, 1936.

memory, and also frequent use of language. Children who read and write a great deal are usually, though not always, good spellers. Regular words should always be taught first and the exceptions and the irregularities taught last

MENTAL DEFICIENCY.—A mentally defective child is one who in the terms of the Education Act of 1921 appears incapable of receiving proper benefit from instruction in an ordinary elementary school, but is not incapable of receiving benefit in a special school. Such a child is one who, on a mental test, gains an I.Q.<sup>1</sup> between 50 and 70. Usually he or she is not transferred to a special school until about 7 years, and will remain there until 16 unless re-transferred to an ordinary school before that time. Such a child is educable to a certain extent, can master the rudiments of the three R's and can do a fair amount of handwork adequately. He is certainly trainable and can usually make good in very simple manual work—farm work or dock work of the most elementary type, if working under supervision. He is classified as a feeble-minded child.

It is important to detect this degree of mental retardation early in order to ensure that the child gets the best possible training.

An imbecile has an I.Q. level of about 25 to 50 and is incapable of managing himself or his own affairs or of being taught to do so. Institutional care or boarding-out is the most suitable procedure for such children.

An idiot has an I.Q. level below 25 and is so deeply defective that he is unable to guard himself against ordinary physical dangers, cannot wash or dress himself, and cannot articulate beyond a few monosyllables. In-

<sup>1</sup> For explanation of I.Q., see p. 53.

stitutional placement is the only practical means of disposal.

The diagnosis of mental deficiency depends on the developmental history, the results of intelligence tests and psychological observation, and on physical stigmata. Defectives may be classified into primary and secondary aments. In the case of primary aments the defect is probably due to hereditary factors and a defect in the germ-plasm. In the case of secondary aments the cause is largely environmental, and damage has occurred to the brain during pregnancy on account of the mother's poor health—septic or toxic conditions or internal haemorrhages being the most common cause—or during delivery, or in the early years on account of a bad fall or a severe feverish illness.

Physical stigmata are not always present. In the *microcephalic* the child has an unusually small skull, small stature, and shows a poor resistance to disease. The *mongol* has a dome-shaped head, narrow slanting eyes, a fissured tongue and sometimes short little fingers. The *cretin* has a very dry skin, poor growth of hair, a protuberant abdomen, and is slow and apathetic. If the defect is not accompanied by epilepsy or paralysis, improvement in the general condition can be obtained by the early administration of thyroid treatment, but this applies only to the cretin.

Usually, if an accurate history can be obtained, the whole developmental process will have been slowed up—teething, sitting up, walking and especially talking. Speech is usually very retarded—the speech mechanism being one of the last to develop to its full capacity.

Intelligence test results are usually a fairly reliable indication of deficiency, but it is wise to supplement one interview by play observation and by the parents' and

the teachers' reports. There are cases of children suffering from incipient schizophrenia or marked anxiety conditions who appear defective but who are in reality cases of "emotional undevelopment" and after psychiatric treatment will show considerable improvement.

Defectives tend to be over-emotional. They are often either cruel, destructive and quarrelsome, or excessively timid and suggestible, and their behaviour is repetitive and foolish.

Parents are usually very unwilling to face the fact that one of their offspring is defective, and great tact needs to be shown in explaining the diagnosis to them. They will usually only recognise the defect as the child grows older, telling themselves always that he will grow out of it, will suddenly develop, etc. As early detection and training is most important, every care should be taken to impress on the parent the truth, and the necessity of making suitable provision for such a child very soon. It is both unwise and dishonest on the part of either teacher or doctor to raise false hopes.

## REMEDIAL TEACHING

### *Arithmetic.*

Burt, C., *Mental and Scholastic Tests*. (P. S. King, 1921.)

Cattell, R., *A Guide to Mental Testing*. (University of London Press, 1936)

Schonell, F. J., *Diagnosis of Individual Difficulties in Arithmetic*. (Oliver & Boyd, 1937.)

Ballard, P. B., *Fundamental Arithmetic*, Books I-IV. (University of London Press)

Schonell, F. J., and Cracknell, S. H., *Right from the Start Arithmetic*, Books I-IV. (Oliver & Boyd.)

### *Arithmetical Material*

Sum Fun—a number lotto.	}	(P. & M. Abbatts, Ltd., Wig-
Watch Me—a number jigsaw.		
The Stanley Individual Number Tests	}	(Charles & Sons, Ltd., 68 Gordon Street, Glasgow.)
The Bablet Jigsaw.		
Dominoes Counters.		
The Number Peg Game		

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### *Reading and Composition.*

- Vernon, P. E., *The Standardisation of a Graded Word Reading Test*. (University of London Press, 1938.)  
John and Mary Readers. (Schofield & Co.)  
The Children's Hour Readers. (Oliver & Boyd.)  
The Happy Venture Readers (Schonell and Sergeant). (Oliver & Boyd.)  
Reading in a Few Months (*Harris*). (Macmillan.)  
Milly Molly Mandy Readers. (Harrap.)  
Now I Can Read (*McClure*). (Evans Brothers.)  
The London Supplementary Readers. (University of London Press.)  
Henry and the Garden (*Tippett*). } (Harrap.)  
Stories about Henry (*Tippett*). }  
The New Beacon Readers. } (Ginn & Co)  
The Beacon Study Readers. }  
The Westminster Readers. }  
Fundamental English (*Ballard*). } (University of London Press.)  
Everyday Words (*Wisdom*). }

### *Spelling.*

- Schonell, F. J., *Essentials in Teaching and Testing Spelling*. (Macmillan, 1936.)

### *Reading, Composition and Spelling Material.*

- Obtainable from Charles & Sons, Ltd., 68 Gordon Street, Glasgow.  
Word Building and Script Reading Cards. A, B, C.  
The "Wenlock" Reading and Writing Cards.  
The Grosvenor Picture Matching and Reading Cards.  
The Hertford Self-Corrective Reading and Writing Cards.  
Spelling for Fun Cards.  
The Charlecote Reading Riddles.  
The Charlecote Graded Composition Scheme.  
From the Grant Educational Co., Ltd., Southampton Row, London.  
Simple Composition Steps, 1-8.  
From P. & M. Abbatts, Ltd., Wigmore Street, London.  
Hammernail Alphabet.  
Zoo Zig Zag.

### SUGGESTIONS FOR FURTHER READING

- Brueckner, L., and Melby, E., *Diagnostic and Remedial Teaching*. (Houghton Mifflin Co., Riverside Press, 1931.)  
Burt, C., *The Backward Child*. (Univ. of London Press, 1937.)

- Burt, C., *The Subnormal Mind*. (Oxford University Press, 1935.)  
Drummond, M., *The Psychology and Teaching of Number*. (Harrap, 1922.)  
Fleming, C. M., *Individual Work in Primary Schools*. (Methuen, 1934.)  
Gates, A. L., *Improvement of Reading*. (Macmillan, 1935.)  
Hamley, H. R., Fildes, L., and Schonell, F. J., *The Education of Backward Children*. (Evans Brothers, 1937.)  
Hill, H. E., *The Education of the Backward Child*. (Harrap, 1939.)  
Hollingsworth, L. S., *Psychology of Subnormal Children*. (Macmillan, New York, 1920.)  
Ingram, C. P., *Education of the Slow-learning Child*. (Harrap, 1936.)  
Kennedy-Fraser, D., *Education of the Backward Child*. (University of London Press, 1932.)

### (2) DELINQUENCY AND ANTI-SOCIAL BEHAVIOUR

It is not possible to do justice to this subject in the space of one section, but it is to be hoped that the interested reader will refer to the bibliography.

Social development grows from the infant's first awareness of his mother and then of the other people in his environment, to the stormy attempts of the pre-school child at social co-operation, to the lively gang age of the school years, and then to the adolescent's more mature but more disturbing friendships and social activities.

Anti-social behaviour is characteristic of all stages, but it is most common from about 7 years onwards. In fact, young delinquents, as research studies and child guidance experience have shown, really start their delinquent career at about 7 or 8 years. The peak of the delinquent period is usually said to coincide with the peak of the gang age, at 10 or 11 years. There is usually a further increase of delinquency at the mid-adolescent period, when inner stresses find an outlet in delinquent behaviour.

Between 7 and 10 years delinquency may take the form of truancy, staying out late, destructiveness, aggres-

sive behaviour and petty pilfering. Between 11 and 16 years truancy is more persistent, aggressive behaviour is more violent and pilfering may be termed stealing. Sex delinquency also occurs in the later period.

W. I. Thomas in America has studied the subject of delinquency from the sociological point of view. He lists the following needs of a child—recognition, response or affection, security, and new experiences or adventure—and considers that a lack of one or all of these may result in delinquency.

It seems clear that delinquency is due primarily to some form of deprivation. Healy and Bronner made a very penetrating study of delinquents and non-delinquents from the medical and psychiatric point of view. They found that the large majority of delinquents (91 per cent.) gave evidence of unhappiness and discontent or were disturbed by emotional provoking situations or experiences. Delinquency, they concluded, was either (1) evasive—an attempt to escape from inner stresses, or (2) an attempt to gain compensatory, substitutive satisfactions to prove worthiness or adequacy—("I went out to show the cock-eyed world that I was a regular guy," as one delinquent phrased it), or (3) an expression of a revenge attitude primarily towards his parents, or (4) due to a sense of guilt and an inner need for self-punishment.

It is, I think, most convenient to consider the causes of delinquency as physical, social, intellectual, or emotional deprivation.

ORGANIC OR PHYSICAL CAUSES OF DELINQUENCY.—On the whole these conditions are rare. The after-effects of Encephalitis Lethargica (sleepy sickness) are sometimes violent, irresponsible behaviour which may show in a form of delinquency. The child steals in a non-



purposive, non-rational manner. Sometimes at the onset of Schizophrenia similar behaviour occurs, but both conditions are comparatively rare.

Diabetes and also carbohydrate deficiency will cause a craving for sugar, and sometimes stealing of sugar or money for sweet things occurs as a result. It is, of course, essential to diagnose these conditions accurately and give the proper treatment, which is a medical matter.

Sometimes delinquent behaviour is the result of some physical handicap. A child who feels conspicuous on account of some unfortunate birthmark—excessive smallness, or fatness, or some deformity—may take to delinquent behaviour as a kind of compensatory satisfaction, is to prove that he is as tough as the rest of the gang.

**SOCIAL CAUSES OF DELINQUENCY.**—Many people consider that a child's environment has the greatest influence on his social behaviour. Of course where there is real poverty and hunger and a certain degree of degradation, stealing may be with the consent of the parents and in order to obtain food, clothing, or other necessity. There are certainly instances of this kind but they are not so very frequent.

Neighborhood conditions, however, clearly exert a considerable influence on a child, and if they are bad, if there is an unruly gang, if there is much opportunity for theft, if the adults exert little or no discipline, or even give a bad example themselves, it is not surprising that children get into trouble. There is also always a certain amount of mischievous, destructive behaviour among children of school age which is perhaps the result of a lack of organised leisure—too few clubs and too little supervision.

Broken homes—when one parent is dead, or divorced, or separated from the other—frequently result in a feel-

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ing of insecurity, and delinquent behaviour is a common result.

Healy points out that ideas of criminal behaviour may arise through bad companionship or because of too many gangster films, but he insists that a child will not become seriously delinquent *unless there is already some inner stress or dissatisfaction.*

It is important to recognise that a child needs certain standards of conduct, a certain code of social ethics to be set before him, firstly by his parents and secondly by his teachers, if he is to build up satisfactory character qualities. If he is not presented with good "ego-ideals," satisfactory development is far more difficult for him.

### CASE STUDY I

MOIRA.—Chronological age, 9 years. I.Q., 108. Moira's father was separated from her mother. The mother was apparently an unreliable, unstable, difficult person, and after many trials a separation had been arranged.

Moira seemed to have some of her mother's characteristics and her father, who was very attached to her, was desperately afraid that she would develop the same traits. At an early age she had started pilfering from home and from school. She was not very truthful. She found it extremely difficult to make friends and there were constant quarrels. She was always craving for attention and seeking the limelight. She was considered a nuisance at school, although her work was quite good.

The father was an extremely understanding man. The fact that Moira felt very insecure and was craving affection was explained to him. He was urged to maintain ordinary discipline, but not to send her away. She was encouraged to join the Brownies and to go to a dancing class. A close personal contact was maintained with her, and although the difficult personality traits remained, the stealing ceased.

Here there was a keen feeling of very real deprivation and the difficulties were unlikely to clear up quickly.

INTELLECTUAL CAUSES OF DELINQUENCY.—There is some correlation between delinquency, especially truancy, with backwardness in school. The backward child, failing to gain satisfaction in school, seeks it in other and less desirable ways. Burt says that "properly organised classes for the backward would catch in their meshes over 70 per cent. of incipient criminals." From a study of delinquents Burt found that in the delinquent group 8 per cent. are mentally defective and 28 per cent. are dull, compared with 1 per cent. of mentally defectives and 10 per cent. dull in the normal population. In Fildes' study of over 5000 delinquents in a Remand Home she found 40 to 50 per cent. were seriously backward in reading and elementary arithmetic.

The reason for this is that the dull and backward child gets little or no satisfaction from school, which offers him nothing but failure and discouragement. He may retreat into phantasy, thus avoiding the harsh realities of school, and daydream quietly at the bottom of the class. He may seek satisfaction in other channels, by becoming difficult and mischievous in the classroom, by truanting, by destructive and aggressive behaviour and stealing, usually away from home.

The dull child is also likely to be suggestible and easily led by more daring companions, and very often it is the dull child who gets caught. Such a child has also a poor sense of consequences, a poor scale of values, and tends to act on impulse. Petty pilfering, and sex delinquency, often the result of mere curiosity or in imitation of an adult, are the most common forms of delinquency among dull children. Destructive and aggressive behaviour also occurs, being a form of compensation for a feeling of inferiority due to mental inadequacy.

### CASE STUDY II

JOHN.—Chronological age, 11 years. I.Q., 97. John had recently started stealing at school. He took money from the headmaster's room and usually spent it on sweets and cakes which he shared with his friends.

On investigation it was found that John was considered the dull one of the family, and all the rest of the children were considered rather brilliant. John had not been doing well at school for some time and was transferred to an adjustment class. The stealing commenced soon after this.

John felt very inferior and inadequate. He asked the doctor rather pathetically if she couldn't make him a clever boy. It was explained to him that he had good general intelligence and was particularly good with his hands. It was arranged to place him in an ordinary class again, and to give him some special help with arithmetic. His ambition to be a mechanic was encouraged. The mother was advised to give him more pocket money and more sugar in his diet. He was urged to join the Scouts. The boy improved in every way almost at once, and the stealing ceased.

In this case there was a sense of intellectual inadequacy and also some diet deficiency.

EMOTIONAL CAUSES OF DELINQUENCY.—The primary cause of delinquent behaviour is, however, usually a lack of the fulfilment of fundamental psychological needs. The child who lacks affection, the child who feels deprived, rejected, unwanted or insecure, and frequently the illegitimate child, is the child who nourishes a grievance and feels antagonistic, firstly towards his parents and later towards society. Stealing in such cases frequently starts in the home and then spreads. A child, who is dissatisfied and deprived, feels urged to express his underlying feelings, and if delinquent ideas are presented to him by his companions, by the cinema, or by the books he reads, he may attempt to solve his inner conflicts by delinquent behaviour. Sometimes a child seeks recognition and steals

to provide presents for his friends and so gain popularity. Sometimes it is to prove that he is as tough and brazen and full of blavado as his pals. There are also other more deep-seated causes—a masochistic urge, the desire for self-punishment—the unconscious fear of castration, and stealing of objects which may be phallic symbols.

### CASE STUDIES III AND IV

ROBERT.—10 years. IQ, 112.

*History.*—Robert came from a superior home. Had a number of illnesses during first years and spent some time in hospital. Had an undue amount of attention then. Resented arrival of baby brother. Difficult relationship with father.

Robert had stolen from home persistently since seven years of age. He took such valuables as his father's gold medals and his mother's rings. He also bought things on his mother's account at shops. He told lies of an imaginative, compensatory type about his own heroic deeds.

Robert appeared to feel acutely resentful towards his parents, particularly his father, and very jealous of his younger brother. He became very attached to his class teacher. When she was leaving to get married he went to her house, left a small amount of money which he had stolen and took about 15s. from her house as she was out. He wrote a letter as follows:—

DEAR MISS . . . ,—I want you to help me. I never wanted to steal your money but I wanted to get away from F . . . I have discovered that Mr and Mrs.—are not my parents. You will think me stupid, but it is true you are the only one I can trust. I have run away and been away since the first of March. I have no money or anything except the clothes I have on. I heard Jean and the others speaking; my right mother is in Canada, she sends money for my keep; they did not tell me about it till I heard them speaking. I also heard them say they would send me away to a home and not tell my mother but still get the money. If you trust me come to the Regal Picture House at 8 o'clock to-night. You might not believe me but it is true. I wish you a happy wedding. Please take my humble gift which I brought.

ROBERT.

## DIFFICULTIES DURING THE MIDDLE YEARS

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All this information was entirely imaginary. Clearly the boy was extremely unhappy, and placement in a foster home was recommended while psychiatric treatment could be carried out. It was not possible, however, to arrange this, and the boy had finally to be sent to an Approved School.

CYRIL.—12 years I.Q., 85.

*History.*—Illegitimate. Mother turned out of own home at his birth. Was in five different foster homes before he was four years when he went to his aunt. Said to be unsympathetically treated by his aunt.

Stealing began at adolescence. He took money, stayed out late at night and told lies. Delinquency arose out of a keen sense of rejection due to his unsettled early unbringing. Adjustment at home seemed out of the question. Transfer was made to a good orphanage, where he settled well. His mother and step-father kept in touch with him, and he finally left, obtained suitable work and was reported to be doing well.

In this case delinquency was the almost inevitable result of the boy's insecure life.

Treatment in all cases needs to be diagnostic, therapeutic and re-educative. Punitive deterrent treatment is unlikely to have much effect and may, in fact, do more harm than good. First, then, it is essential to find the cause of the behaviour difficulty. It may then be necessary to give physical, educational, or psychiatric treatment, and usually a good deal of general treatment of, and advice to the parents. Where the nucleus of the difficulty lies within the tangle of family relationships, work has to be done with both the parents and the child. A frank discussion with the psychotherapist of the causes of delinquency, the discomforts and unhappiness that the child is suffering, will do much to ease the situation. It is of great assistance to the delinquent to feel that someone is trying to see the situation from his point of view, and trying to make things easier for him. Healthy social outlets through club work or athletics, etc., are necessary,

and the child's need for adventure and stimulus must be satisfied adequately. Constructive discipline which presents the child with certain rules and with a definite code, and aims at self-discipline rather than external discipline, is helpful.

The teacher can help a great deal by assisting the child to learn to work, to develop a sense of responsibility, to build up sound moral ideals and values, and to become adjusted to satisfactory social groups. Effective treatment of a delinquent may even consist simply in showing him that you will trust him and give him responsibilities, and so help him to feel that he is a worth-while personality, and to overcome his sense of inadequacy and his sense of grievance.

Modern developments—Child Guidance Clinics, the Institute for the Scientific Treatment of Delinquency, more organised youth work, the probation system and the juvenile court, camp schools, good approved schools and institutions such as Borstal—all point the way to the satisfactory future development of methods of treating the delinquent, and have already done a considerable amount of work in both prevention and cure.

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### (3) ANXIETY CONDITIONS. HABIT DISORDERS

Fear is a normal response to danger, *i.e.*, real danger, and it results in caution. Fear is accompanied by certain bodily changes which are essentially protective and which consist of physical and mental preparations to meet danger. The heart-beat accelerates, and the blood sugar is increased in order to nourish the muscles adequately. Sweating usually occurs and sometimes micturition, and defecation to eliminate toxins and lighten the body, also occur. The digestive process ceases and the blood supply is directed to supplying the brain and the muscles. Reflexes are increased and muscular tremors are common.

All these reactions are perfectly normal, and most of them occur in every individual when severely frightened. Some people respond more readily than others to fear-provoking situations, and there is considerable evidence to show that some are constitutionally more prone to anxiety than others. Anxiety may be defined as a chronic state of fear. Cameron describes the "nervy" child as one who appears rather pale and fragile, finds difficulty in digesting fats, has a heightened metabolic and micturition rate, and is usually shy and timid. He is also usually highly imaginative and intelligent. Subsidiary nervous symptoms such as tics, tremors, stammering, enuresis, etc., are liable to arise, especially if there is any local irritation or predisposition related to any of these.

Certain fears are entirely normal—of loud noises and sudden noises, of loss of support, of being left alone



when a small child, of the dark, or animals, of strange phenomena and so on—and most of these are shown at some time or other by very little children. Three years is the age when fears, both by day and at night, are most common. Normally, as the child gains a wider experience of his world and learns to discount phantasy against reality experiences, these fears are left behind.

But this Section deals with those children who, for one reason or another, are unable to overcome their childish fears, and who show anxiety to such a degree that it may be called pathological. Anxiety is essentially being afraid of what may happen rather than of what is happening. Anxiety conditions are rather common in children of school age. A poor physique is a contributory factor, partly because it usually means that there are constitutional factors producing the physical symptoms similar to anxiety, and partly because illness always means an increase of insecurity feelings and a focusing of thought on ill-health and physical symptoms. The overt symptoms of anxiety are both physical and psychological. The physical are largely an exaggeration of the normal bodily reactions in fear, viz., restlessness, sweating, incontinence, digestive disturbances, tremors and tics, rapid pulse and mild cardiac reactions. Sleep and appetite are usually adversely affected. The psychological symptoms are phobias, difficulty in concentration, continual worrying, shyness and timidity, over-scrupulousness and conscientiousness, a sense of guilt and unworthiness, some obsessional traits, and sometimes aggressive and violent behaviour.

The following case studies illustrate these symptoms in the most striking way and also the variety of aetiological factors:—

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### ANXIETY CONDITIONS—CASE STUDIES I, II AND III

MARY.—12 years. I.Q., 121.

*Background.*—A superior home background. Mother an intelligent and capable woman. Father suffering from recurrent depressive attacks for which he was receiving psychological treatment.

Mary for several months had not been able to attend school. She suffered from screaming attacks at night, and complained that at school she felt "terribly shut in" and that her "brain was going." When she had been forced to go to school she always came home in tears and lost much of her sleep and appetite. Her work at school was always excellent.

Her symptoms were very similar to those of her father, and his condition reacted strongly on her. Arrangement was made for her to help with some backward children and occasionally she was persuaded to go to the class. She was carefully safeguarded against strain, and handicrafts and housework encouraged. Gradually she regained confidence, and finally was able to return to school. Here she entered a lower class, but as she quickly rose to the top of this she was promoted to a higher one and later passed her examinations without any difficulty or any return of symptoms.

In this case a follow-up in later adolescence will be necessary to see if any further breakdown occurs. There seems to be a constitutional factor at work here, and the home circumstances are likely to increase rather than reduce anxiety.

EVA.—10 years. I.Q., 118.

Eva was reported because she constantly fainted at school when an air raid warning sounded. She was intensely worried about her school work.

*History.*—Eva as a little child had been very delicate. T.B. had been suspected and she had spent one period in a sanatorium. She suffered from general debility and anaemia. Physical treatment had brought about a marked improvement in her physical health, but the anxiety symptoms remained.

She was constantly reassured about the war and about her high intelligence and level of school achievements. She appeared ignorant and a little worried about sexual matters; so

simple, straightforward information was given her. She improved fairly rapidly. The fainting fits ceased, and her attitude to the war improved. Her mother's anxious attitude was also dealt with. The importance of school achievements was lessened in her mind, and her teacher was urged not to press her too hard.

In this case psychological factors complicated physical factors. A tendency to hypochondria had arisen out of her early poor health.

FREDA.—8 years. I.Q., 90.

*History.*—Tonsillectomy at  $4\frac{1}{2}$  years. Shortly after this T.B. was diagnosed. An accident occurred when Freda was playing beside her mother when she was cleaning the windows. Her mother slipped and fell out of the window and suffered severe concussion. Freda became hysterical and never referred to the incident afterwards. At six years she was ordered to lie on her back because of curvature of the spine. At seven she was in a sanatorium for T.B. While there she was severely frightened by a careless nurse, who threatened severe punishment for misbehaviour. After this nervous ties commenced. These were diagnosed as anxiety symptoms and chorea was excluded, after careful examination in hospital.

The unfortunate incident which had occurred when she was four years old was openly discussed with her, and it appeared that she had felt responsible in some measure for her mother's fall. Her mother explained that the fault was not hers and from that day she began to improve. Normal school attendance was advised. Symptoms tended to recur when there was any crisis or illness, but her mother learned to treat her less as an invalid and also to give her adequate affection and attention. Freda progressed very well.

It must also be remembered that very young children especially have an exaggerated view of the potency of their own partially unconscious wishes. I know of one little girl who felt personally responsible for her little brother's serious illness and developed acute anxiety symptoms when he fell ill. She had always been jealous and quarrelsome towards this brother, and had felt a

great deal of aggression towards him. She seemed to feel that her brother's illness was the direct result of her feelings. Fortunately he recovered, and her symptoms subsequently disappeared.

The parents may, of course, play an important part in causing and prolonging these conditions. If they are nervous and over-anxious themselves, they give a poor example and also do not provide sufficient reassurance and security to the little child. An over-anxious parent usually means an over-anxious child. Fear is very infectious and easily assimilated. If mother is afraid of the dark, if father is afraid of thunderstorms, if there is much talk of illness and of tragedy in the household, the child's own inner fears will be increased rather than discredited.

In treating mild anxiety cases the following are the general rules to observe:—

- (1) Treat the parent: explain the effect of her attitude on the child and help her to overcome her own nervous fears.

- (2) Build up the child's physical health.

- (3) Prevent the child from being exposed to emotionally disturbing situations and severe strains, *e.g.*, disharmony at home, overwork at school, etc.

- (4) Provide adequate outlets and interests for the child. "Take him out of himself a bit."

- (5) Treat him sympathetically and discuss his fears with him, showing him how exaggerated and often how unreal they are. Teach him normal precautions, but do not force him to face what is terrifying.

- (6) Do not scorn or scold or mollicoddle.

Severe cases of anxiety, minor breakdowns, and marked obsessional conditions need psychiatric treatment at whatever age they occur.

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### Restlessness and Movement Disorders.

Over-activity is a common characteristic of children and usually simply means insufficient outlet for excessive physical, mental and emotional energy. Normally, lively and active play and adequate work will drain off this energy.

Sometimes fidgetiness means excessive emotional tension, just as, in an extreme form, fits and hysterical epilepsy may be nature's way of discharging psychic tension. Such tension arises from inner emotional conflict, usually accentuated by a difficult environment. Sometimes the inner stress is shown as a form of tic or other movement disorder affecting a group of muscles. Sometimes it is localised in the weakness of one part of the body and manifests itself as a tic or a stammer, etc., but the cause is the underlying anxiety. Restlessness may be caused by faulty metabolism, whether this be due to insufficient or unsuitable food, or to poor absorption from disease of one kind or another. It will be found frequently as a prodromal symptom of illness, but in these cases the child quickly shows other symptoms of the disease and this type of restlessness is thus readily distinguished from other more prolonged and more subtly determined forms. In the latter type the best form of treatment is to ignore the symptom and relieve both the local irritation and, so far as possible, the underlying anxiety. Rest and removal from school are not usually recommended, but a normal routine and reduction of strains both at home and at school are prescribed. Sedatives of some form or other may be advisable, but they should not be relied upon to treat cases of insomnia. Sleeplessness is due to mental and emotional disturbance and this disturbance must be treated rather than the symptom itself.

Chorea, or St. Vitus' Dance, can easily be distinguished

## DIFFICULTIES DURING THE MIDDLE YEARS

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from general restlessness. It cannot be controlled in the same way. Speech and writing are often affected. It usually involves one side of the body first and does not come and go according to the child's fluctuation of feeling, but persists. Rest and removal from school are usually an essential part of treatment, and an early diagnosis is important. Therefore all children showing exaggerated restless in one form or another should be medically examined. Restlessness may in some cases be due to worms or scabies.

**Enuresis.**—Almost all children, and a surprising number of adults, suffer from bed-wetting at one time or another. In very young children it may be due to poor training, to physical causes, to the after-effects of some illness, or it may be a reaction to the arrival of the new baby in the family, the temporary loss of the mother or nurse, or as an accompaniment to an illness or teething troubles. It may persist because it serves a useful function to the child—it ensures the anxious solicitude of the parent. It may persist through laziness, through continuance of anxiety, as an accompaniment to masturbation, or because it represents an aggressive reaction to the parents.

Treatment is difficult partly because the causes are so manifold. The following suggestions have proved helpful in a number of cases:—

(1) Deal with any deleterious physical factors. Glucose last thing at night may be helpful. Restriction of liquids late at night is not necessarily beneficial. Without adequate water the urine tends to become concentrated and acid.

(2) Teach him to empty his bladder last thing at night and to waken himself during the night if it is necessary, or wake him yourself before you go to bed.

(3) Discuss the jealousy situation or the anxiety or the aggressive feelings felt towards the parent with the child and later with the parent.

(4) Provide adequate play outlets. Sand and water play is of therapeutic value.

(5) Show interest in the child's successful achievements. Red stars or pennies for dry nights and no comment for wet nights may be surprisingly effective.

(6) Don't shame the child; help him to adopt a hopeful attitude. Stress the value and advantages of being grown-up in this matter, and help him to repair the damage, *e.g.*, in washing the sheets.

**Speech Defects.**—Speech disabilities are fairly common in childhood. They vary considerably in type and degree. Children of about three years of age, when they are still at the stage of learning to talk, and when their ideas cannot be expressed adequately and sufficiently quickly by means of a rather limited vocabulary, frequently "trip over their tongues." This can hardly be called stammering. If the child is given time to say what he wants, and if he is helped to increase his vocabulary slowly, the difficulty will pass.

The speech mechanism is a delicate and a sensitive one; it is one of the last organs of the human brain to develop, and one of the first, perhaps, to be put out of order. Undue excitement or strain is liable to cause some disturbance of the mechanism, especially if any neurological weakness already exists.

A careful diagnosis of speech disabilities is necessary. The aetiological factors are numerous but may be classified under the following heads:—(1) Articulatory, (2) physiological or organic, (3) neurological, and (4) psychogenic. It is neither possible nor wise to make any

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hard and fast classification, as usually more than one factor is operative, and overlapping occurs.

**ARTICULATORY.**—*Retarded speech* is an almost universal characteristic of mental defectives, and is closely related to poor mental ability. A mental defective child starts to speak late, increases his vocabulary very slowly, and usually pronounces words in a babyish manner. He will improve slowly with careful speech training and as he grows older, but his vocabulary is always likely to be rather limited.

*Lisping* and *lalling* (a form of babyish speech) are usually the result of a poor speech pattern at home, or because the child receives too much praise and attention for continuing baby talk, or because he does not get enough encouragement to talk correctly. Speech training at school, if it is made interesting, and planned carefully, will usually overcome these disabilities which are more in the nature of mannerisms than anything else.

*The over-use of the glottal stop*, which shows in such mispronunciations as bu-ar for butter, and wa'er for water, can be overcome by speech lessons at school.

*Nasal speech* may also be considered an articulatory defect. Sometimes it is due to enlarged adenoids; sometimes it persists after the removal of adenoids because the palate has insufficient muscle tone and remains too inelastic, and the voice may continue to come through the nasal passages by force of habit. Careful exercises, which will show the child how to regulate his breathing, will result in correct speaking.

*Dyslalia*, a form of disordered speech, may be caused by mouth or nose deformities or by deficiency in hearing, and *idioglossia*, which is speech invented by a child and largely incomprehensible to his associates, occurs in chil-



dren, but more usually with mentally retarded than normal children.

ORGANIC.—Organic causes of speech defects are numerous. A *bifurcated* or a slightly *cleft tongue* will result in the child finding particular difficulty in pronouncing the tongue consonants—s, d, t, l. A *short frenum*—the tendon which connects the tongue with the base of the mouth—will prevent the tongue being sufficiently mobile, and such sounds as d, t, l, n, r and s will be difficult. An unusually large tongue will handicap the child in making t sounds especially. A *cleft palate* will cause difficulty in making a great many sounds, especially b, k, d, t, g, and the explosive and vowel sounds. The most important part of treatment is to change the direction of the breath. A *harelip* will affect labial sounds unfavourably.

*Deafness* of varying degrees will of course have a profound effect on speech development, as a deficiency in hearing will cut the child off from the usual channels of learning to speak, *i.e.*, by imitation of the spoken word. It is important to detect both complete or partial deafness as early as possible and to train the child to watch lip movements, to imitate them, and gradually to build up his own vocabulary. If correctly taught a deaf child can learn to speak correctly and clearly, and understand nearly everything that is said to him once he has learned to lip-read. Another form of deafness is *High Frequency Deafness*, which means that the individual is deaf to certain high-pitched sounds, particularly th, sh, f, and s; this may render the learning of languages especially difficult.

NEUROLOGICAL.—Very frequently in the case of speech defect some neurological weakness may be present,

and this may be inherited. One frequently meets cases where several other members of the family have stammered or have had some particular speech disability. Sometimes a *left-handed* child is forced to use his right hand although he is congenitally left-handed, and in some instances this appears to cause disturbance of the speech centres. *A child who is dominantly left-handed should be allowed to use this hand freely.* Congenital auditory imperception, which has already been referred to in connection with reading disabilities, is a perceptual defect, and shows as an inability to connect the sound of a word with its meaning, and will result in poor speech. *Aphasia*, a disorder of linguistic symbolisation, is the result of damage to the speech centres—sensory or motor, or both—and speech, reading, and writing will be considerably affected. As the speech centres are bilateral, and as usually only one side is damaged, it may be possible to improve speech by stimulating the centres on the opposite side. *Spastic speech*, which accompanies spastic paralysis, is another serious condition and extremely difficult to treat.

PSYCHOGENIC.—A great number of speech disabilities are psychologically determined. *Aphonia*, or loss of voice, is frequently the result of some severe shock to the nervous system such as that produced by an air raid or the bursting of a shell close by. It is an hysterical reaction, functional rather than neurological, and can be treated by psychiatric methods whereby the patient revives the painful experience and abreacts, or works off, the emotions associated with the particular experience. *Stammering* is, of course, the most common psychogenic speech defect, and is frequently very difficult to treat. Its origin is usually emotional or psychological, but the reason that the emotional disturbance shows itself in this symptom rather than in any other symptom formation may be be-

cause there is some neurological predisposition or weakness in the speech mechanism already. When a child with such a weakness is faced with too severe a strain, or has some particularly difficult adjustment to make, or suffers a severe shock, stammering may commence. I have known children who have started to stammer after tonsillectomy, which constituted a traumatic experience to them, or if they have been severely frightened when they were just learning to talk, or in one case when a septic condition of the tongue caused difficulty in swallowing and acute anxiety was experienced. Stammering may be regarded as one form of an anxiety neurosis. It is frequently accompanied by other nervous symptoms such as enuresis, fears, obsessional symptoms, or movement disorders. Stammerers very often develop some tic or habit spasm such as head-shaking or facial twitching which has become habitual as a result of their efforts to get their words out. The important part of treatment is to relieve the underlying emotional tension or disturbance which has caused the stammer to develop. Psychiatric treatment accompanied by skilled speech therapy can relieve a large percentage of stammering cases. Where a strong neurological predisposition exists, it may not be possible to effect a lasting cure, but in all cases the condition can be improved to some extent.

One of the most unfortunate aspects of stammering is the psychological characteristics which frequently accompany it. A child who stammers is usually shy, lonely, lacking in confidence, and extremely unhappy. He feels different from other people; he is embarrassed by social contacts; he may feel something of an outcast from society; and he may labour under an acute sense of shame. Psychiatric treatment can do a great deal to relieve these feelings, and can help the individual to build up

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a hopeful and a constructive attitude to his disability. As his stammer improves with treatment, so also will his self-confidence and his sociability, and vice versa.

Speech therapy is a skilled form of treatment and involves a knowledge of biology, anatomy, neurology, physiology, psychology, and phonetics. A skilled speech therapist can teach a child how to relax and reduce tension, how to use his speech mechanism to its best advantage, how to control and regulate breathing, and in large measure how to overcome his stammer. An untrained person can seldom do much to help, and an elocutionist usually exaggerates the disability. In some cases it is wisest to make no attempt to treat the stammer *per se*, but to concentrate on the underlying mental conflict and stress which has produced the stammer.

A teacher should not hesitate to enlist the aid of the medical officer, the psychiatrist, and the speech therapist when she is confronted with a child who stammers badly. She can, however, help the child herself to some extent. She should try especially to prevent the child feeling left out, or at too great a disadvantage in the classroom. She should try to find something in which the child can succeed, and she should seek by every means in her power to build up the child's self-assurance. She should not press the child to read aloud if he feels acutely self-conscious, but should encourage reading, and especially singing, in unison. Free movement of any type which will help to reduce tension, such as Eurhythmic, or Swedish drill, is beneficial, and dramatic activities, when a child can disguise his voice and change his personality to some extent, may be surprisingly helpful. *Fear and its associate, anxiety, are the emotions which are most likely to breed stammering children, and it is therefore essential that parents*

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*and teachers prevent the children, for whom they are responsible, from experiencing either emotion too often or too acutely.*

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## CHAPTER VI

### ADOLESCENCE—DEVELOPMENT AND DIFFICULTIES

**M**OST of us, with a little thought, can recall certain facts about our own adolescence. We may remember our first romance, some important athletic feat, or an examination passed with flying colours. We may remember some of our hopes and fears, some of our glorious aspirations and ideals, or some of our gloomy forebodings and feelings of despair. To most of us adolescence was not a particularly easy time, but it was a very interesting time.

During adolescence, in contrast to the steady, even growth of the middle school period or latency period, rapid physical and intellectual growth takes place and some instability in emotional growth is apparent. It would, however, be a mistake to look upon adolescence as a very turbulent period and feel, consequently, a little afraid and worried about it. It is true that the conflicts of early childhood, passed over and kept quiescent during the middle school years, tend to rise again and press to the forefront of consciousness for solution at this time. During adolescence the individual's character and personality are being more definitely formed, and it is extremely important that wise leadership and thoughtful guidance be available for every young person. If this is provided, the individual will discover a hidden strength and new talents, and rejoice in a kind of awakening which is the prelude to real maturity.

Adolescence is usually considered to be that period between 13 and 18 years for boys, and 12 and 16 years

for girls, when the last general stage of growth is reached and sexual maturity obtained. There is a tendency for the physical changes to be a little earlier and more quickly established in the case of girls than in the case of boys.

INTELLECTUAL GROWTH.—The physical changes of adolescence will interfere with intellectual activity to some extent. From time to time both boys and girls feel tired, apathetic and listless. At other times they are intellectually very much alive and creative, but mental output is likely to come by fits and starts. Examination strain may in some cases cause serious breakdowns and anxiety conditions.

Perceptual and manual skill are less indicative of intelligence now, and the young person uses his head more than his hands for thinking. Linguistic ability is closely correlated with mental ability in this period, and tests of the verbal type are more reliable than performance tests in estimating intelligence at this time.

The span of attention and logical reasoning continues to improve, at least up to 15 or 16 in the average individual. Learning is also more rapid. An attempt is made to generalise from the start, and errors, therefore, are eliminated more rapidly. There is also greater transference of learning owing to the greater ability to generalise. Experience in studying one type of subject matter may be more readily applied to another and so speed up the learning process. Adolescence is the period when individual differences are the most marked. Special abilities — practical, musical, mathematical, verbal, artistic and scientific—begin to appear, though there may have been some evidence of their existence before this. It is, therefore, important to provide a really wide curriculum with alternative subjects at school, and a wide range of hobbies. Given opportunity, the adolescent will usually

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develop his own bent at this period, and at the same time will find valuable sublimatory outlets which will counteract some of the underlying feelings of stress and strain that he is experiencing. Interests are varied. From one investigation Schonell found that interest in woodwork and club activities tended to increase with boys during adolescence, and interest in meccano, painting and drawing, for instance, tended to decrease. Girls showed a greater interest in knitting and sewing and club activities, while interest in "collecting" and "housework" tended to diminish. Well-run social clubs are very necessary at this age. They should provide a variety of activities—dramatic, athletic, creative and social—with a leader who understands young people. This does much to correct the natural delinquent tendency of this period, or the tendency to be aloof, unsociable, dreamy and moody, which is common at this time.

**SOCIAL AND EMOTIONAL DEVELOPMENT.**—It is important to recognise that the physical changes of adolescence are usually accompanied by some emotional strain. There is an increase in self-consciousness and a loss of self-assurance with the awakening of sexual feeling. Rapid mood swings are characteristic of this period—feelings of elation and despair are frequent, and intense while they last. Adolescents are often moody and day-dream frequently. They dream of being powerful, rich, beautiful, and of having romantic experiences. Imaginative powers are at their height, and much of these feelings find outlet in dramatic, artistic and literary expression, which should certainly be encouraged.

Just now, too, when the adolescent needs guidance so earnestly, he is most critical of adults. He tends to lose confidence in traditional family standards and feels defiant of parental authority. This is especially irksome for



parents, but it is a natural development and represents the last stage of the weaning process. The stage will pass, and usually parents will find their advice sought and their opinions listened to with respect over again, but this will depend very largely on the parent-child relationship which has grown up since childhood. If this is based on mutual trust and affection it will weather the storms of adolescence. A friendly teacher can do much to help young people at this period, by opening up new interests and inspiring them with new ideals.

SOCIAL DEVELOPMENT is characterised at the early part of adolescence by the attachment of boys and girls to older men and women. This may be termed "calf love" or "hero worship." It has both a sexual and an idealistic element in it and needs tactful handling. It indicates the transfer of feeling from old love objects—the parents—to new ones, and is a transition stage. Some people never pass beyond this type of love and never achieve normal hetero-sexual development.

The "gangs" of the middle school period are not much in evidence now. Close friends and confidants of the same sex are common and gradually friendships with persons of the opposite sex grow up. These may be very romantic, very superficial, or very fleeting. They may be based on a common intellectual or athletic interest, but the sexual element is also present. Usually they are not likely to be permanent at this early stage but represent the young person's first attempt at mature socio-sexual relationships.

Adolescents are difficult people with whom to live. They tend to be irritable and moody, sentimental, over-critical, bombastic, self-conscious and awkward. Much of their tiresome behaviour is merely the result of emotional growing-pains. They are self-opinionated because

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inwardly they feel very ignorant; they are boastful because they feel inadequate; they press for recognition of their own rights, but in many ways they are not prepared for responsibilities. Here are a few general suggestions for making life a little easier for both adults and adolescents:—

1. Give the child adequate freedom, and give him responsibilities suited to his capacity. Let him have sufficient pocket money, and freedom in his choice of clothes, of amusements, and of friends to a considerable extent.

2. Respect his reticence and reserve. His confidence should not be forced. Let him feel that you trust him.

3. Let him voice his own opinions. Don't give "good advice" too often unasked and in a dogmatic way.

4. Let him make his own mistakes to some extent—experience is the best teacher.

5. Don't attempt to over-discipline him. Self-discipline should be nearly achieved by this time. Let him feel sure about certain moral standards and help him to respect them.

6. Adequate sex instruction is most important. Children should by this time be well aware of the facts of birth, but a further knowledge of the hygiene of sex is necessary. Girls should be told about the cause of menstruation and how to deal with it, and boys about nocturnal emissions. Discussions about sex and love and marriage should be encouraged so that opinions may be aired and false notions corrected.

**SPECIAL DIFFICULTIES DURING ADOLESCENCE.**—Many of these are a recurrence or a persistence of earlier difficulties, and in such cases careful treatment, whether medical, educational or psychological, is essential.

**DELINQUENCY.**—This is common during this period. Very often it represents merely a kind of "declaration of independence," a revolt against parental control. It is the age when children stay out at night or run away from home. Violent destructive behaviour also occurs rather frequently. In some cases this means that family relationships are unsatisfactory and that energy is being too controlled or misdirected. Careful deflection of energy into intellectual pursuits, social activities, athletics and the like will provide the solution in many cases. The adolescent needs *help* in growing up and not just criticism and supervision.

In other cases psychiatric treatment may be necessary. The child is not only delinquent because of bad companions, poor home standards, insufficient discipline or too many movies, but also because he feels dissatisfied, resentful and unhappy. A psychiatrist can usually assist him to face his limitations and recognise his potentialities, and help to re-direct him along the path which brings self-fulfilment instead of frustration. Blame and criticism play no part in such treatment. A frank interchange of opinion, the expression of a readiness to help, and a satisfactory attachment to some wiser and steadier person are essential.

**SEX DELINQUENCY.**—This may be the result of mere naïve curiosity, or it may be imitation, the child being initiated by some adult. Adequate sex instruction and an understanding of the consequences of illicit sexual practices should prevent much of the behaviour, but ignorance, impulsiveness, excessive sexual development or excessive stimulation, and certain physical factors render some young people rather prone to such forms of delinquency. Serious cases nearly always call for thorough medical and psychological investigation and treatment.

Masturbation, which first occurred in babyhood and from time to time during childhood, will tend to occur again. Nearly all adolescents practise it from time to time. It will occur more often among those children who are unhappy, inactive, and thrown too much upon their own resources, with insufficient contact with young people. It is very important that false threats of the evil consequences of the habit should not be made. It is essentially harmless in that it relieves pent-up energy. It may render the child fatigued and listless, but the evil effects of threats that it may cause fundamental physical and mental harm are far greater. Something is wrong if masturbation is very frequent, but treatment should follow the lines of providing alternative outlets for energy, and adequate external interests. If the child is obviously unhappy, the source of emotional conflict should be explored and some attempt made to reduce the child's rich phantasy life, which is likely to be unusually vivid, by a competent psychiatrist.

ANXIETY CONDITIONS and NERVOUS BREAKDOWNS occur more often at adolescence than at any other time. These should be treated as a definite illness and expert psychiatric advice sought. They may be simply a response to an acutely tense situation, the result of accumulated psychic tension, or the prelude to a more serious psychological illness. It is worse than useless to tell the individual to pull himself together or get a grip on himself, or to ignore his symptoms altogether. Just rest, tonics and a change of environment may be all that is required, but this form of treatment is merely palliative and more fundamental psychiatric treatment may often be necessary.

Obviously the adolescent needs encouragement and stimulation at this age, but he should not have too much strain or stress to face. He needs a secure, helpful home

environment and contacts that are satisfying outside his home. His parents must be ready to assist him but not to interfere with him, and to encourage him but not to drive him. Clearly during this rather difficult period he is not ready to go out to face the world alone as he is so frequently expected to do at fourteen, and continued education, or at least some form of apprenticeship, is really essential for satisfactory all-round development. At the same time adolescent education must fulfil adolescent needs, and the curriculum must be one to appeal and not to stultify growth whether mental or physical or emotional

The journey from babyhood to adolescence is a long one. The route goes uphill and downhill, and by rough and smooth places, but it is an interesting one, full of adventures and challenging experiences. It is our job as parents and teachers to make the road neither too difficult nor too easy, but to try to equip the child with a healthy body, an alert mind and a courageous spirit to pursue the journey happily and successfully.

The following case studies illustrate some typical adolescent difficulties.

I.—MURIEL.—13 years. I.Q., 119.

This girl was being difficult at home. She lied rather frequently, and when punished, ran away from home and stayed out a night or two. She also truanted from school occasionally, usually at exam time

*Development was normal.* Bed-wetting had been rather continuous. Menstruation had not yet started.

*Health.*—Good. Inclined to be nervous and highly strung, however

*Personality characteristics.*—Impulsive, enthusiastic over new things. Sociable. Old in some ways, and very childish in others.

*Recommendations.*—Continued schooling, and advised to take the commercial course. Attended the club at the Child Guidance

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Clinic, and advised to continue to go to the Girl Guides.

Despite a few setbacks, progress was good. She became very interested in school work, handwork, and athletics. She initiated a small dramatic performance herself. She became more reliable, and more helpful at home.

II.—BETTY.—16 years. Above average in intelligence.

This girl became involved in sex delinquency with a boy friend of hers. She became frightened of the consequences, and ran away to another city, obtaining work near her friend. She also put down £27 worth of clothes on her adoptive mother's account.

*Background.*—Illegitimate, and adopted in infancy. Adoptive father died and this caused a breakdown in her adoptive mother's health. Rather narrow and restricted upbringing. Not allowed much freedom, and Betty frequently went out to dances and to meet her friends without telling her mother, because she knew she would be prevented.

*Personality and intelligence.*—Very attractive and of good intelligence. Had musical ability and was a good needlewoman. Left school early because she wanted to get work. Did not make good at any of the shop assistant or office jobs she took, and left for insufficient reasons. Good physical development. Had been very upset by her adoptive father's death, to whom she was very attached. Had once seen her certificate of adoption and guessed it referred to her.

*Outcome of case.* The police finally tracked her, and she was sent to a home for difficult girls. A training in child nursing was suggested, and the matron was advised to give her adequate supervision but also understanding and sympathy. She was told that she was adopted, which she had suspected, and was very relieved to know definitely. Her adoptive mother was advised to keep in close touch with her.

III.—SYLVIA.—17½ years. I.Q., 107.

Sylvia had become very restless and dissatisfied with her home life and had started running away from home, sleeping out, or in Salvation Army hotels, or with friends.

*General development.*—Very healthy. Rather over-grown for her age. Menstruation early, and periods rather frequent.

*Personality.*—A tom-boy. Rather wild, impulsive, over-

emotional, excitable, sensitive, and independent.

*School.*—Had truanted occasionally at 8 years. Later got on well, passed the Qualifying exam. and would have liked to have stayed on.

*Work.*—Millwork at 14 years, but disliked it. Two jobs in a café, but did not settle well. A weaver at 16 years, but did not like factory life.

*Family.*—Father a baker. Quick-tempered, excitable. A communist with strong views. Very fond of Sylvia.

Mother, a sensible, placid individual.

Brother, 21 years.

Sister, 20 years.

Sylvia gave the impression of a discontented and rather unstable adolescent. She needed suitable work, adequate outlets and careful guidance. A job in a modern factory was found for her. She became steadier, and the difficulty at home did not recur. She got a boy friend, and was allowed to invite him home regularly.

### SUGGESTIONS FOR FURTHER READING

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## CHAPTER VII

### CHILDREN AND THE WAR

**I**N a book such as this it would seem an omission to make no reference to the present circumstances under which children have now to be brought up, and although a good deal has already been written on the subject of children's reactions to the war, I should like to include a few remarks on the subject.

The present war is no minor conflict fought out in a far-away land. Distance is rapidly diminishing in importance. This conflict touches every man, woman and child. Its progress is followed at the hearthside by almost every family by means of the radio. It affects family life in a thousand-and-one ways. It restricts the wardrobe and the larder. It limits pocket money and leisure time alike. Air raids cause an ever-present sense of danger. The absence of husbands and brothers in the fighting forces brings fear, loneliness and worry to the women left at home. Evacuation means much disturbance of family life.

Of much of this we were warned; for some of this we were prepared. Psychologists and doctors were mobilised to meet emergencies which were expected to arise—panic, hysteria, breakdown and neuroses. But many of their expectations were not realised. Many of the emergency hospitals set up to deal with nervous cases were not required. Although we are already in the third year of a war which is surely more terrifying than anything we could have imagined, there has been almost no panic or hysteria, and much of the so-called war neuroses is



simply neuroses occurring during war. The common people have too much common sense. The Englishman's proverbial sense of humour has saved many a critical situation. The public quickly learned to be prepared, and preparations for self-defence are perhaps the best antidote to fear. Public morale, *esprit de corps*, good health, the *sangfroid* of the Englishman—call it what you will—have realised the truth behind the popular slogan, "Britain can take it."

THE CHILD AND THE PARENT.—It is perhaps a platitude to say that a child's reactions to war-time disturbances will depend to a considerable extent on the degree to which his parents are disturbed. In an attempt to assist parents and other persons in charge of children, I drew up a small leaflet for distribution among parents, foster parents and teachers in the early days of the war. It ran as follows:

*Some suggestions which may prove useful.*

1. Try to keep your normal routine in the home.
2. Try to think of pleasant things to do in the long evenings.
3. Don't talk too much about the war while the children are with you.
4. Don't *expect* the child to be frightened during air raid alarms. Remember he will take his cue from you.
5. If the child is worried about wearing a gas mask, try to get him used to it gradually. Show him you are not afraid of wearing yours—and *never* put it on to frighten him.
6. Teach him not to believe all the rumours that he hears.
7. Try to see that he has enough to do.
8. Don't worry if he shows signs of nervousness from time to time. This may be a natural reaction to the strain of war-time living. Ignore the actual symptoms, avoid comment, but see that he gets regular food and sleep so far as possible. Re-assure him by your own CALMNESS, COMMON SENSE, and CHEERFULNESS.

Now there were a great many mothers who did not need such advice. They were the sensible, placid, capable people, who took the trouble to teach the children to take normal precautions—to observe the black-out, to put on their gas masks, to go to the shelter during an alert. They made the most suitable arrangements possible for the family's safety, and so far as possible tried to keep the family together, or evacuated them to relatives or friends or with their own school. They were quick to realise that an atmosphere of worry and fear is the worst possible background for a growing child and they did what they could to ensure some feeling of security and stability and safety.

Wise parents follow the news realistically but they do not listen to endless stories of bomb damage or invasion scares. They try to make light of food restrictions, and increased costs, and try not to exaggerate war dangers although they do not deny them. They try to think of special treats that do not cost too much, of substitute foods and of novel occupations. They encourage the children to help in the war effort—by digging for victory, knitting scarves, making spills, collecting wastepaper, or getting up entertainments in aid of the Red Cross.

It is especially important when one is in touch with young adolescents to try to look ahead hopefully and to plan for the future. Adolescents, as we have seen, are full of ambitions and ideals, and easily elated or depressed. The war may do much to strangle their ambitions and destroy their ideals. As adults we must try to teach them to regard the war as a glorious adventure, as a challenge and a spur to endeavour. As Miss Storm Jameson said in a broadcast once, we can value the maxim of "safety first" too highly, and nowadays there is a

certain amount to be said in favour of living dangerously and adventurously.

We have been told that it is a great mistake *not* to acknowledge your fears. Everyone feels frightened at times and some people more often and more keenly than others. Fear is accompanied by certain physiological changes—pallor, sweating, bodily tremors, increased heart beat; and the digestive process may be slowed up and the blood supply is directed to supplying the brain and the muscles. These changes are essentially protective and are really physical and mental preparations to meet danger adequately. There is no reason to be surprised or alarmed by the presence of these signs in yourself or your children. Anxiety, which consists of being afraid of something which may happen instead of something which is actually happening, is accompanied by much the same physiological changes, but vomiting, incontinence, palpitations or hysterical fits may also occur. It is necessary to be prepared to deal with these conditions if they occur.

Here are a few principles of what has been aptly termed Mental First Aid:—

1. Practise self-knowledge; come to terms with your fears. Admit your fears, learn to recognise your unreal and your exaggerated fears and learn to laugh at them.
2. Practise self-discipline, make a good appraisal of real danger and be prepared for the worst that can happen.
3. Be prepared for action; because effective action drives away fear.
4. Put on a brave front, it helps yourself and a good example is infectious. But do not try to be a hero; just try to be yourself.
5. Practise mutual aid; be neighbourly and encourage community feeding. Loneliness increases fear, so be sociable.

One hears reports of children being disturbed by air

raids now and again. One little girl of three years of age had been very frightened when bombs had dropped one night near her house. She clung to her mother during the day and asked every night, "Will there be a raid to-night?" At last her mother had a quiet talk with her. "You know this is just what old Hitler is trying to do—to frighten you. He wants to win this war by frightening us all out of our wits, but we are much too sensible to let him. We are not going to let him get away with that! You aren't going to let him frighten *you*, are you? If there's a raid to-night we'll just go down to our shelter and have a picnic with buns and lemonade, and keep nice and snug and warm. So you needn't worry any more." And she didn't.

Another little boy of four years got over his fears after he had been to see the actual hole the bomb had made. He played about on the site, finding all kinds of treasures, and after that he slept peacefully every night. Reality experiences had been less terrifying than phantasy ones.

A girl of seven, who was a little nervous and hypochondriacal, was afraid to go to school after she had experienced a raid on the way there. She happened to be in a town when an actual daylight raid took place and watched an exciting air battle in the street. After this she no longer worried about air raids.

I have found in a number of cases that the mother has been temporarily upset, showing a loss of appetite and sleep and feeling restless and ill at ease. This has reacted immediately on the child, who feels insecure and afraid. A child of three and a half years showed no fear during alerts until she experienced one when her granny was with her. Her granny had previously been slightly cut by flying glass during a raid, and always became panic-

stricken at the sound of the sirens. Ann imitated her, and subsequently would always run screaming to her mother when she heard the siren.

It is of the first importance that little children should be protected from such experiences. They very quickly reflect the atmosphere around them, so every effort must be made to maintain calmness and to keep one's head.

THE CHILD AND THE TEACHER.—The present national emergency has made great demands on the resourcefulness and the adaptability of the teacher. In danger areas poor attendance, reduced equipment, frequent interruptions during school hours and many extra responsibilities have added to the difficulties of the teacher. The responsibilities in regard to air raid precautions have been especially heavy.

I think it would be generally agreed that teachers have fulfilled the many demands made on them most adequately. A young child in an Edinburgh Nursery School is reported to have said after the all-clear had sounded, "Wish thae sireens would blow again so that the teacher would give us a sweetie." Shelter drill has been carefully rehearsed. The children know exactly what to do. Some regard an air raid as a welcome interruption to lessons, some grumble at the disturbance. Many enjoy the games and songs of the shelter, and "Roll out the Barrel" and "The Quartermaster's Stores" echo from many a city shelter these days. A few children show fear, but the teachers usually know how best to help them.

Some children seem to feel even more secure with their teachers than with their parents. This may be partly because they feel comfort and safety in numbers, partly because some feel they can rely better on their

teachers, and partly because alerts during school hours are usually less disturbing than alerts during the night.

One boy of nine years was reported to be very apprehensive and "full of nerves" when the sirens went when he was at home, as he had experienced a bomb falling near his house, and some of the glass in the windows had been broken. He said to me: "I'm a nervous boy. I'm afraid of the dark, and of the motor cars in crossing the street. I feel upset when the sirens go. I run to the window to see, and then back to the fire because my mother says the glass may splinter. My head often gets sore" (meaning he often has a headache). "But I'm not frightened at school with the teacher."

Teachers are not only resourceful in their methods of dealing with children in the shelters, but they are also able to control disorderly behaviour. Some people consider that morale is likely to be poor among civilians because they are not generally organised under a leader, as soldiers under an officer. If a teacher can keep her head in an emergency she should be able to handle her pupils without much difficulty, as they will usually accept her authority without question.

Children react differently to air raids. A great many small boys get a thrill out of them. Their thirst for adventure is satisfied and they discuss aeronautics with enormous zest. There is also a certain feeling of pride, and the desire to avoid being called a sissy, which prevents children from showing their fear. To some extent this is a good thing, but too stringent control over inner fears may do more harm than good, and may result in a reaction afterwards. One little girl of five insists on holding her teacher's hand during an alert but otherwise shows no evidence of fear. Afterwards, however, she spends a sleepless night, during which she screams frequently, and is very unwilling to let her mother leave her.

But usually it is found that the war is not the sole

cause of the child's nervous symptoms. It may be the precipitating factor of a breakdown in adjustment, or the symptoms exhibited earlier may be changed and now show as an anxiety reaction to the war. A girl of ten, whom I was asked to see, fainted whenever the sirens sounded at school. Investigation revealed that not only had she suffered from anaemia and general debility in the past, but also from marked neurotic traits. She was frequently worried about failing in school; actually she had an Intelligence Quotient of 110 and was usually top of her class and gained 90 per cent. on most examinations. Her physical health improved, and reassurance was given her about her good intellectual ability. The importance of intellectual achievement was slightly minimised in her mind, and the relationship of her fainting to her general anxiety rather than to any uncontrollable physical factor was explained. Improvement resulted, and no more fainting fits were reported.

Some children were afraid to go to school at the outbreak of war. In such cases the home seemed to provide more security than the school, perhaps because the child had never been taught to be independent of his mother or there may have been factors in the home situation which caused acute anxiety feelings about the loss of the mother. I know of one child who was worried when she saw a small boy turn the handle of a standing lorry, "because it might run away and run over my mother and then she would not be able to come to fetch me from school." She refused to come to school for some time after the outbreak of war. I think there is no doubt that the war may accentuate the fear of loss and death of loved persons, and this is, of course, connected with anxiety about the child's own aggressive feelings towards his parents—the war, as it were, tends to realise the little

child's worst fears, and he may feel himself in some way responsible for the damage or death of his parent.

So in general we must be prepared for some exaggerated reactions to air raid damage, and some do occur. But the majority of children, if they are normal, sensible, steady individuals, will reflect the atmosphere around them and behave in a sensible controlled manner.

I think the teachers' general attitude is very important. The three most essential things that we need to preserve, if we are going to deal adequately with the strains and stresses of the war, are, I think, a sense of humour, a spirit of adventure, and the capacity to plan for the post-war period. These should not be difficult to preserve. Our sense of humour is proverbial. Our spirit of adventure is traditional, for, after all, we have the example of Raleigh and Drake, Nelson and Wellington, to inspire us. And above all, we must start thinking about building up a new world out of the ashes of the old—to rebuild not only Coventry and Bristol, but also the educational system, and much of the social system. So let us continue to argue and discuss and criticise in a truly democratic way, and let us strive, too, to cultivate the broad international outlook instead of the narrow national and imperialistic one. Let us also try to remember to enjoy ourselves, however hard we have to work and fight.

A teacher should be a guide, a philosopher and a friend to a little child, and as J. B. Priestley said in a recent broadcast, "we are living in a new age—whether half way to heaven or to hell," and we need men to guide us with a new inspiration and zeal.

CHILDREN'S DRAWINGS.—I was especially interested in this subject. If children were interested in the war, if the glamour and excitement of the battle appealed to them, they might draw war pictures, and it would seem



unfortunate if they did this to the exclusion of other interests. If they were frightened by the war, they might also draw war pictures, and though this might be of therapeutic value, it would be indicative of some emotional disturbance. If war experiences had stirred up latent anxieties, they might draw grim and terrifying war pictures, or highly symbolical pictures, or be unable to draw at all.

I therefore collected 222 drawings<sup>1</sup> from children between the ages of 4 and 10 years. In May 1941, children attending a school and a play centre were asked to draw anything they liked. The majority were rather young children—31 four-year olds, 61 five-year-olds, 34 six-year-olds, and 46 seven-year-olds.

Only 17 per cent or 39 of the drawings bore any reference to the war. Thirty-four of these were by boys, and mainly of aeroplanes. Many of the children included an aeroplane in a general outdoor picture—*e.g.* "a hen, baby chickens and an aeroplane overhead," by a boy of five; "a motor car, houses, stars, the moon and two aeroplanes," by a boy of five; but "Spitfires looking to see if there are Germans," and "British planes bombing a German boat," were obviously warlike. A few air raid shelters—one with a very handsome apple tree alongside. Only a very few provided any evidence of overt fear. "A man, a house and a parachute dropping," "a bombed house, a garden and a flower," "aeroplanes flying low over an air raid shelter" are perhaps indicative of fear. The district has not been heavily bombed at all, but raids had occurred frequently and some bombs had been dropped.

The majority were natural, spontaneous drawings of gardens, flowers, houses or men. "Playing in the park,"

<sup>1</sup> Reported in an article in *New Era*, Dec. 1941.

"mother's washing-line," "selling balloons," "my favourite sweet shop," and the like are familiar topics to every parent and teacher. They were also very colourful. They were collected during the Spring months when perhaps children were most aware of flowers—such flowers as she had never seen growing in her life before, until she was evacuated.

Looking through these 183 drawings, or 82 per cent. which bore no trace of the war, one felt these were still the piping days of peace. It was refreshing to find the children's outlook undaunted by the blackout or by clouds of war. It was satisfactory to find that children were still keenly aware of their normal environment and appreciative of the beautiful things around them, even if they lived in poor surroundings.

CHILDREN'S ESSAYS. - Young children are often surprisingly frank and spontaneous in their writings, and I thought essays on chosen subjects without any guidance from the teacher might throw some light on my problem.

Accordingly 149 children were asked to write a short essay on "How I feel when the sirens go," some in May 1941 and some in May 1942. The ages ranged from 8 to 14. The majority were at the lower end of the scale, 8 and 9 years; 65 were boys and 84 were girls. They came from country schools around Dundee and from Dundee itself. In some of these places bombs had been dropped, but there had been no blitz.

The results were interesting—78 or 52 per cent. admitted to some feeling of fear; 32 of these were boys and 46 girls. The following symptoms were mentioned: feelings of sickness, shakiness, nervousness, pallor and headache. A few essays are worth quoting.

AVERIL.—aged 9.

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"Ever since we got bombed, when the sirens go I nearly jump out of my skin. When the sirens go when we are in school, we go to the shelters, but at home, we just stay in our beds. Sometimes the sirens go through the night and I get a terrible scare. My knees knock until my mother comes up to my bedroom. When I get my siren suit on, my mother gets a case and puts a first-aid box in, and some sweets. When that is done, we go to the bathroom because that is under a stair."

JOHN—aged 10.

"When the sirens go, I feel very unhappy. Like all the other children I have to go down into the shelters and it makes me feel very tired and sleepy. It also makes me shiver for a few minutes at the thought of the bombs falling, which might fall some day. Some nights the black-outs are put up and we get lights put in and get to play games, and the thoughts of the air raid soon go away. In another few minutes the all-clear sound is given, and we all go back to bed."

BETTY—aged 11.

"When the sirens go I feel all up and down. The first time I heard them my heart began to beat and I felt sick. I stood there wondering what the noise could be. My mother then told me that that was the sign of aeroplanes not far away. I wanted to go to my bed, so I did. When I was in my bed, I heard aeroplanes overhead, and my heart was still thumping. I could hardly get to sleep that night. I got a drink of milk. Then I heard the sound again and to my relief it was the all-clear. I heard the aeroplanes coming back the way they had gone during the air raid."

BARBARA—aged 13.

"When I hear the wail of the siren I am a little frightened if I am alone. I go to the shelter in the garden. We take with us our gas masks, ration books and our identity cards. We sometimes feel a little excited, but not for long because we hear bombs drop. Mother gives us each a glass of hot milk and a few biscuits to eat. We sometimes take a game of Ludo so as to distract our minds from what is going on outside and above us. When the all-clear goes we feel glad and happy, and we go into the house again."

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IAN—aged 9.

"When the siren first sounded I was terrified. So the teacher said we would not go home, so we had to go under our desks. And from now onwards I am terrified when the sirens sound. Once there was bombs dropped I began to squeal and I felt the vibration of them, and it shook all the place."

NANCY—aged 8.

"I stay with my granny in the kitchen when the sirens go. When I hear the thing it makes me think my mummy was home, and I always say to granny I wish she was home. I always jump when the sirens go."

HARRY—aged 8.

"Hitler has been preparing for this war since 1933. Then he marched through Poland then the war came to our coasts, and when the siren goes, I go under the table."

It is interesting to note the various antidotes to fear that the children mention. The shelters are mentioned frequently. Hot drinks and something to eat, as well as games or other activities, seem helpful.

FURTHER ESSAYS.—"*Things I Miss in War-Time.*"

—This was the title of an essay given to forty nine-year-olds—18 of whom were girls and 22 boys. The results show very natural material wants. Although care has been taken to ensure that children receive preferential treatment in regard to essential foodstuffs, luxuries and unnecessary articles have had to be restricted and of course a great many products which came from abroad are now no longer available. There must be many children of two years of age who have never tasted a banana.

The following list includes the "things which were missed most":—

Chocolates and sweets . . . . .	Mentioned 30 times
Apples and oranges . . . . .	" 20 "
Bananas . . . . .	" 8 "
Sugar . . . . .	" 6 "

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Butter	}	. . . . .	All twice
Eggs			
Tomatoes			
Grapes			
Dates			
Fathers	}	. . . . .	Mentioned 6 times
Brothers			
Sisters			
An uncle			
Toys	}	. . . . .	Mentioned 7 times
Holidays—Excursions			
Lights in town			
			" 6 "
			" 4 "

These essays were written in September 1941. At this time, rationing, although not so strict, was not so well organised, perhaps, as it is now, and we had not so long to get used to it. Children are proverbially matter-of-fact, and at this age are less likely to mention that they miss their father away in the army and that they miss their Saturday penny and the chocolate that it could buy. One little girl, however, writes rather pathetically, "I miss all the men not being about," presumably meaning her male relatives. The slum child's play has also to be considerably restricted because of the exigencies of the black-out, and lamplight play, a common feature in the poor quarters of the town, is prohibited.

The following are a few of the more interesting essays.—

KENNETH (11 years) writes.—

"There is many things that I miss in war-time so I will wright them. I miss the sweets I got because I liked them. The next thing is I miss my father he is away to the Navy. My father has a shop but my mother works in it now that father is away. I take bad with seeing the white lines on the road. Off course the drivers of the motter cars need these to guide themselves in the blackout. I miss the lamp-posts and the lamp-lighters at

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nights. Last year at Christmas I missed all the presents, and on my birthday I didn't get any presents because there is nothing to buy."

JAMES (about the same age) writes:—

"The things I miss are chocolate and the butiful shop windows all lit up, and apples and oranges and all other different kinds of fruit likes of grapes and strawberries and tomatoes. And bananas. And to sit beside the river and watch all the steamers and all the yatchys heading for the port not far from the beach."

ELMA (10 years old) writes:—

"I am going to write about the things I miss most. The first things is bananas. I used to get them nearly every morning to my breakfast with sugar and milk. They were delicious. Secondly I miss the great variety of sweets. You used to go into the shops and ask for any kind of sweets and get as much as you wanted.

Another thing I miss is the gaily coloured lights which used to light signs above shop doors. Well, I think I shall stop now as that is all the things I miss most."

DAVID (9 years old) writes:—

"I miss the lamps in the streets for I went out evry night. I do miss sweets that my mother got for me. I miss apple pie. i miss it for my mother could not get cooking apples aniwhere she been at many shops trien to get them. I miss getting out at night to play with outhier boys I miss gatting away my holy-day to Arbroath where I went every year."

MARGARET (aged 8) writes briefly but effectively:—

"The thing I miss in war-time is bananas. I know How I cannot get them. It is the sailors that have to risk their lives bringing them. I like them because they are sweet. I miss cany pears too. You cannot get them because you cannot get the sugar to make the candy with.

The thing I miss most is Victory."

Such essays could be multiplied many times over. They speak for themselves. Children who are old enough to have enjoyed living in peacetime in the twentieth cen-

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tury may feel some of the necessary restrictions very keenly. They sound selfish, but they can have little knowledge of the real sufferings of war and poor children in particular miss the fruit and sweets that spelt luxury to them.

It is noteworthy that when a class in a secondary school were asked to write an essay on some aspect of the war, 71 per cent. wrote about rationing, referring mainly to shortage of food, although a certain number mentioned clothes rationing.

*"How they want to help to win the War."*—Another topic suggested as a subject for an essay which is a more positive one was: "If you were grown up, how would you like to help to win?"

The following show the results for 133 children between 8 and 13 years—66 of whom were girls and 67 boys:—

<i>Girls</i>			<i>Boys</i>	
W.A.A.F.'s	. . . . .	66	R.A.F.	. . . . . 26
A.T.S.	. . . . .	13	Navy	. . . . . 17
Land Army	. . . . .	11	Merchant Navy	. . . . . 5
W.R.N.S.	. . . . .	8	Fleet Air Arm	. . . . . 2
Munitions	. . . . .	7	Army	. . . . . 7
Nursing	. . . . .	6	Munitions	. . . . . 3
A.R.P.	. . . . .	2	Tank Corps	. . . . . 2
W.V.S.	. . . . .	1	Commandos	. . . . . 1
Indifferent	. . . . .	2	Military Police	. . . . . 1
			Farm Work	. . . . . 1
			Leader of a Savings Group	1
			Indifferent	. . . . . 1

It is not easy to determine the motives behind the choice. Sometimes the revenge motive is clearly expressed, but the desire for adventure is also present.

ISOBEL (aged 8) is perhaps unusually aggressive for her sex:—

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"If I were grown up, I would go and help the war. I would go in an aeroplane near, and bomb Hitler on the head. Then I would bomb the Germans. After that I would go to Japan and bomb the Japanese. Then perhaps I would get a meddle or a reward"

ELLA (aged 9) would probably make a dauntless Red Cross nurse.

"When I grow up, I would like to be a nurse and help all the soldiers who are hurt in the war. If they had any broken arms or legs, I would plaster them up, and put clean covers on the beds. If they have any split heads, I would bathe them very gently so that the water would not nip. When the soldiers are quite well again, they will go back to fight the Germans."

HELEN (aged 13) although a little undecided, is very ambitious.

"If I were grown up, I should like to be a Wren's girl, and go out on a ship and sometimes clean the sailor's boots and wash their clothing in order to help them to be ready at any time, especially if they were to be called out on duty or something like that. I also would like to go to the munitions to help to make bombs, anti-aircraft guns, aeroplanes, shells, rifles, all these in order to try and win the war. I would also like to work in the canteens giving soldiers airmen sailors their breakfast lunch tea sometimes to help to wash and dry the dishes and the forks knives spoons and the dessert spoons. I would like to be an ambulance driver in the A.T.S. to go to the front and drive patients to the hospital as quickly as possible in case of some deaths happening on our journey to the hospitals. I should like to knit socks scarves gloves helmets for the forces and make shirts for them as well as tunics."

The Land Army attracts many girls, especially if they already live in the country and are used to country life.

MARY (aged 10) writes as follows:—

"If I were grown up, I would like to be in the Land Army. The girls in the Land Army get fresh air. They get to plough and other farm work. Some can do the same work as ploughmen. I would like to feed sheep and cattle and drive horses, best of all horses like Rose and Queen of my father's. The



Land Army is always busy. If there were pet lambs I would like to feed them. Some farmers leave the pet lambs in the fields beside the others

The Air Force is first choice for most boys. There is no doubt that the R.A.F. has fired the enthusiasm of most youngsters. Since the war has been so largely an aerial war, this is perhaps only natural. It is also the most recent service, and the constant new developments in aerial warfare are of great interest to boys of this generation.

Here is an essay by a boy who feels confident about winning the V.C.

ALEX (aged 13) writes.—

"If I were a boy of twenty, I would go and join the Air Force and be a Pilot. I would be helping the war. I would have a lot of adventures in the air. It would be great to shoot down some Nazie planes every day and dropping bombs on the Germans. I would see all our soldiers in the front line attacking the Germans. When I finish I would fly home to Britain. Then I would tell my friends what fun I had bombing the Germans in Berlin and machinegunning the German battleships. They would go and do the same. At night, I would go over to Japan and drop a few presents and tell them its from Britain. I would fly out of the searchlights. After that I would pass over Berlin and let some more bombs drop then fly home and the next (day) we would be on parade and we might get the V.C for our good job of work."

Evidence of vindictive feelings towards Hitler is fairly common, and the younger boys seem to gain much satisfaction in thinking out dire and dreadful death for him. This is, of course, a natural characteristic of youth, but some of the essays show that British children are learning unsavoury lessons from the Germans.

DAVID (8 years of age) says:—

"If I were grown-up I would go a cross to Jermamy and drop a horse shoe in Hitler's head until he was dead, and then

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I would go away and bomb all the rest of them. Then I would land and put him in my aeroplane and take him back to Britain and try to make him speak, and if he won't talk I shall tie him up and then I would go away and tell the man to make more guns and tanks."

DAVID (8 years of age) writes briefly but to the point:—

"I would take waste paper to the nearest salvage depot.

I would kill Hitler.

I would drop bombs on Germany.

I would dress up as a German and I would ask Hitler to come outside and I would kill him."

ANDREW (11 years old) is a logical fellow. He says:—

"I would like to join the Fleet Air Arm because I like the sea and I like the air and I would stand a good chance of getting up in a plane and I would stand a good chance of getting out in a boat."

And finally:

WINNIE (aged 8) writes with extreme brevity in a rather grieved manner, as if Hitler is interfering with her plans:—

"I don't lick (like) the Germans.

I lick the school.

I don't lick Hitler I wood lick to be a schoolteacher" ! !

These essays show clearly that many of the children nowadays are watching events with interest and taking a keen interest in all the developments in the war.

EVACUATION.—Good citizens have spent much time and energy exhorting parents to evacuate their children to safety areas, but have been only partially successful. A great deal has now been written and spoken on the pros and cons of evacuation, and its success and failure, but I should like to make a few remarks.

Evacuation has been not altogether a failure. The *Cambridge Evacuation Survey* explains in detail on what factors successful evacuation depends. Careful organisa-

tion at the receiving end is of first importance. Children of school age, but not pre-school children or adolescents, tend to make the best adjustment in foster homes, but these need to be carefully chosen. The social status and the age of the foster parent are important ones. Similar social status and comparatively young and active foster parents help to make evacuation a success. Children also usually settle best if their brothers or sisters are billeted with or near them, and if the school unit remains intact and if their own teacher stays with them. Children between seven and eleven years old are keen to meet new adventures and to taste new experiences, and the countryside provides them with a wealth of both. Health generally seems to improve. Well-organised recreational facilities have been found to be of first hand importance, and in some areas the increase in juvenile delinquency could have been avoided if these had been provided.

Careful classification of children is necessary. Those suffering from some physical, mental or nervous handicap should be provided with special billets or suitable hostels, and isolation of children suffering from infectious complaints is essential. But, above all, parents should be encouraged to keep in touch with the children. Monthly visits at least should be expected, and some central place where the parents can meet and talk to their children has been very acceptable. Evacuation in a few instances may prove to be the unscrupulous parent's way of evading responsibility for her child, and the post-war problems are likely to be legion unless close contact is maintained.

Adolescents have not settled so well. Adolescence is, of course, normally a difficult time, and a lack of adequate occupation or interests has been the usual complaint. Parents and home life seem to be greatly missed, as also the sights and sounds of the city. The disruption

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of school life has also been rather disturbing to older boys and girls.

Very little children, even if evacuated with their Nursery School unit, have not on the whole settled well. This is surely because the under-five needs close contact with a familiar adult and has not learned to tolerate many people in the place of his mother. Disturbance is especially likely to occur if parents do not visit regularly and if teachers and helpers are continually changing. A recent issue of *Home and School* reports many incidents of destructive, babyish behaviour, and anxious fears among evacuated Nursery School children, and even the daily press has reported similar troubles. Psychologists could have foreseen this and forewarned the authorities if they had been consulted. Evacuation with the parents is the ideal procedure, but is, of course, difficult to arrange. Where small community settlements have been set up, as those organised by Mr. and Mrs. Priestley, the children and parents have settled well. But imagination, intelligence and patience are needed to make a success of such a scheme, and some official bodies do not possess these attributes.

The break-up of family life is a serious matter and must be contemplated only when a real and immediate emergency threatens. We may do untold damage to the mental health of our future adults if we take our very young generation away from its parents. Admittedly severe air raids, actual experience of death and destruction, and physical harm to the children are very serious matters. But parents must be allowed to decide the issue for themselves, and if they think it is happier for all to stay and face it out, to be bombed all together, I for one cannot blame them. Good air raid facilities and good

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Nursery Schools within the cities can to some extent ease the situation.

Dr. Mons, writing recently in the *British Medical Journal*, quotes cases of children in the Reception Areas who are suffering from a lack of concentration, and who are showing difficult, aggressive or nervous behaviour traits. He concludes that this is the result of "being bombed," and anxiety about parents in bombed areas, but I think it is also due to general insecurity and anxiety caused by evacuation. Dr. Burbury, in her investigation of 131 children attending Manchester Child Guidance Clinic, found that in only 5 per cent of the cases had new symptoms arisen after air raids, but in 17 per cent. symptoms were attributed to evacuation. It is, of course, important to remember the successful evacuees, and I have met several, but the difficult evacuees and the returned evacuees are more numerous. Enuresis is, of course, a well-known symptom of fear and insecurity as well as the result of bad training, and this has been perhaps the most common single difficulty experienced in foster homes. If we do urge parents to evacuate their children, at least let us see that skilled medical and psychological help is made available for them.

The following pamphlet has been found helpful by some persons in charge of children:—

### LEAFLET APPROVED BY THE MINISTRY OF INFORMATION

#### *Children and Air Raids. Some Advice to Parents*

1. *Children imitate adults.* If you show that you are afraid, children will show it too. Talk quietly and gently and expect them to do the same.
2. *Children depend on adults.* Try to be calm and to keep your head in the event of danger. You will have practised what

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to do in an emergency—so tell the children what to do, and let them feel that they can leave the responsibility to you.

3. *Children rely on adult approval.* Tell them they are "civilian soldiers," and that you expect them to behave as such. Be strict about reckless behaviour.

4. *Most children have a vivid imagination.* Don't feed the imagination with bomb stories and premonitions of possible disaster. Talk about the bravery and efficiency of our defence services, or, better still, don't talk about the war at all. Just gossip of other things.

5. *Children need occupation during air raids.* Let them play and chatter normally. Try to think of songs to sing and games to play with them, if they cannot amuse themselves.

6. *Children need to be comfortable during air raids.* See that they are warm. Give them something hot to drink, and some sweets to eat. If they are sleepy, let them sleep as comfortably as possible.

7. *Children need to feel as secure as possible during air raids.* If they feel it is safer to go out to a shelter, even although you would just as soon stay in the house, take them out.

8. *If your child shows signs of being very frightened.* Don't shame him. Don't get angry with him. Talk calmly and confidently to him.

Tell him that Hitler is trying to make him frightened with his noisy bombs and his silly old threats, and that it would only be helping him to win to let him succeed in this way. Teach your child to say "Boo!" to Hitler.

If a child becomes hysterical, take him away from the others, sponge his face and the back of his neck with cold water. Hold him tightly and soothe him.

Other evidence that has been forthcoming tends to show that on the whole children are less disturbed by air raids than by evacuation without their parents. Miss Dunsdon found that only 300, or  $3\frac{3}{4}$  per cent., of 8000 Bristol school children showed signs of strain due to air raids. Dr. Bodman made a smaller study in the same city

of a group of children who had been subjected to heavy bombing in a hospital, and had been evacuated under extremely dangerous conditions to a safer part of the town. He found that 25 out of 44 children showed symptoms of distress for a period of three weeks to two months afterwards, but that only 5 showed persistent symptoms after seven months. He states, "*The most striking result of the survey is the extraordinary toughness of the child, and his flexibility in adapting to potentially threatening situations.*"

Another interesting matter to which Dr. Bodman refers is the manner in which children assimilate frightening air-raid experiences. The babies condition themselves rapidly to sirens and noise. The walking child may attempt to run to safety. The talking child first rejects formulation of the experience, and later is able to describe or rehearse the incident and so gains ease of mind. This type of behaviour is well known by therapists, who stress the need for children experiencing intense mental conflict to express it verbally or by means of play, in order to gain relief from tension. Older children, from about seven years, are perhaps least upset and tend to regard the whole experience as an exciting adventure. The adolescent, on the other hand, may feel particularly responsible for other people and so lessen his own immediate feeling of fear.

This does not mean that evacuation should not be encouraged in most cases, but that it should be *carefully planned*, and close contact with the parents should be maintained if it is not to prove more disturbing than actual bombing, and if the sentiments of the evacuee are to be expressed in the words:

"Happy the boy and girl who, free from care,

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Leave city streets to breathe the country air,"  
rather than in the following terms:

"I wanna go home, this place is plumb dead,  
I'd rather be blasted to bits,  
And enjoy mi own dirt, wi'aht stockings and shirt.  
It's home, and who care for the blitz?"

(Quoted from W. J. Halliday's poem gaining second prize in the *New Statesman* Competition, published 22nd November 1941.)

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## CHAPTER VIII

### CONCLUSION

**I**F we are to learn to assist the child through the difficulties of his development from infancy to adolescence we need to study Child Psychology. But we need also to have a working knowledge of two other sciences, namely Medicine and Education.

In my opinion these three sciences—Medicine, Education, and Psychology—must develop side by side, and research workers in each need to take full cognisance of the others. The doctor, the teacher, and the psychologist can surely learn from each other. They are all equally concerned with the satisfactory growth and development of the child. Physical and mental health are closely interrelated, and influence each other. A good teacher should know when to turn to the expert who is trained to diagnose and to remedy maldevelopment in either sphere, and who will endeavour to build up and maintain a satisfactory standard of physical and mental health. Educational techniques must follow advances in both psychological and medical knowledge.

The present war, which has caused some derangement in the educational sphere, may temporarily handicap progress, but it may also hasten reforms. Already there is much talk of reconstruction, and the peace may find us ready to build new schools more fitting for "England's green and pleasant land" than some of our present ones, and ready also to teach the new generation about democratic principles more strenuously than hitherto.

The urgency of the war situation may also cause the medical profession to make use of new methods. Certainly

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the war tends to focus attention on the importance of preserving the health of the civilian as well as that of the combatant. The propaganda for immunisation against diphtheria and typhoid fever, the growth of the blood transfusion service, and the improvements in diet by the provision of a national wholemeal loaf and vitaminised margarine are a few examples of development in this sphere.

Psychologists have been studying the factors which tend to preserve morale, and the factors which precipitate breakdown. A great deal of work is being done in reception areas among evacuated children, where emotional difficulties have been rather common. Work in heavily blitzed areas has continued so far as possible, but on the whole children seem to be standing up to air raids remarkably well. The emergency hospitals have been treating war neuroses since the outbreak of war, but work with civilians is considered of equal importance, as civilians in most parts are bearing such a large share of the war strain. Certainly it is the job of the psychologist to try to counteract the harmful effects of the war on both adults and children, and much opportunity is provided for research which should prove of permanent value.

So some general advance in these three sciences may be achieved despite or even because of the war.

This book aims to increase the general psychological knowledge of parents and teachers, and especially to help them to understand something of child development whether in war-time or in peace-time. The difficulties which are likely to be encountered at each stage of development have been included because I wished to give as true a picture as possible of the child's growth. To outline normal development without any reference to the

normal difficulties of the growing process, would be unscientific and misleading. Face facts—deal with the reality aspect of every situation—is an important psychological principle which should be applied more often in everyday life.

On the other hand I do not wish to increase in any way the anxiety of anyone who is responsible for little children. Though they must be prepared for some difficulties they should regard them as a challenge to their ingenuity and a demand for their sympathetic understanding.

The story of a child's growth and development is a fascinating subject. Children show amazing variety and individuality in their way of dealing with the manifold problems which the world presents them. Most of us grown-ups have a good deal to learn about *not* interfering with this growth process, and also about helping it to proceed along lines which will result in a happy, well-adjusted individual. I think our aim, whether as teachers or parents, should be to try to develop the potentialities of a child so that he may achieve the most satisfactory personality development possible, but one which is compatible with the needs of other people in his environment. I hope this book may go a little way towards helping grown-ups to achieve this aim.

## GLOSSARY

- Page 2. *Behaviourist school*.—A school of Psychology which aims at describing and recording behaviour very exactly.
- Page 2. *Reflex action*.—An action which is automatic and requires no conscious control.
- Page 6. *Gross motor*.—Relating to movements controlled by large muscles.
- Page 9. *Labials*.— Sounds produced by the lips.
- Page 9. *Gutturals*. Sounds produced with the throat.
- Page 9. *Onomatopoeic sounds*.—Formation of words from sounds that resemble those associated with the object to be named
- Page 13. *Oral*.—Related to the mouth.
- Page 20. *Phantasies*.—Imaginary pictures in the mind.
- Page 23. *Conditioned reflex*.—The result of performing an action many times in response to the same stimulæ until that action becomes automatic.
- Page 29. *Motor co-ordination*.—Power of making movements to work in harmony and in correct combination.
- Page 43. *Compensatory lie*. A lie that makes up for some feeling of inadequacy, or for something lacking.
- Page 50. *Prophylactic function*. Preventative function.
- Page 56. *Projection*. Transference of inner feeling on to some external object.
- Page 69. *Genital*. Relating to the sex organs.
- Page 70. *Masochistic*. Pleasure of inflicting pain on oneself.
- Page 70. *Sadistic*. Pleasure of inflicting pain on others.
- Page 70. *Guilt*. Feeling of blame.
- Page 73. *Traumatic*. Liable to cause shock.
- Page 76. *Project*. An educational scheme or plan, e.g. a post office, around which ordinary teaching subjects can be grouped.
- Page 79. *Animistic*. Attributing feeling and thinking powers to inanimate objects.
- Page 84. *Initiation ceremonies*. Ceremonies relating to enrolment of a member into a group.
- Page 93. *Visual perception*. Art of perceiving by sight.
- Page 94. *Auditory imperception*. Inability to perceive by hearing.
- Page 95. *Cardiac*.—Related to the heart.
- Page 95. *Chorea*. A disease supposed to be due to inflammation of nerve cells in the brain and resulting in jerky movements.
- Page 99. *Negativistic*. A tendency to refuse to do what is requested.
- Page 102. *Congenital word blindness*.—Inability to read supposed to be some failure in the associative brain links.
- Page 102. *Phonic*.—Relating to sound.
- Page 102. *Kinæsthetic*. Relating to muscle sensation.
- Page 105. *Aments*.—Persons lacking in mental faculties.
- Page 105. *Microcephalic*. A type of mental defective with a small skull.
- Page 105. *Mongol*.—A type of mental defective showing superficial resemblance to persons of the Mongolian race.

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- Page 105. *Cretin*.—A type of mental defective with small stature and rough skin
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